

Instructions for Direct Deposit Setup

What is the purpose of this form?

If an employee would like their payments made via Direct Deposit, they may fill out and submit this form to Public Partnerships.

How do I complete this form?

- Fill in your Name, PPL ID (*if known*), and Social Security Number in the blanks at the top of the page.
- Check off the appropriate box indicating the account type you want your funds directly deposited into: **Checking Account, Savings Account, or the ADP® ALINE Card.**
- Fill in your account information: **Routing Number, Account Number, and Account Nickname (optional).** If you select the **ADP® ALINE Card**, then no Routing/Account information is necessary.
- Check off the **“I do not have access to the internet...”** box if you prefer to have your paystubs mailed to you.
- Sign and Date the bottom of the form.

PCG Public Partnerships Direct Deposit Setup
Public Focus. Proven Results.™ New Jersey PPP Program

PAYEE INFORMATION	
Payee Name:	
Payee's PPL ID (<i>if known</i>):	Social Security Number or Tax Identification Number:

DIRECT DEPOSIT SETUP		
Account Type: (<i>Check one box</i>)		
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> ADP® ALINE Card

ACCOUNT INFORMATION***	
Routing Number	
Account Number	
Account Nickname (<i>optional</i>)	

***If you select the ADP® ALINE Card, then no Routing/Account information is necessary. ADP will mail your card and the information about it.

PAY STUB/REMITTANCE ADVICE
GO GREEN: PPL makes your pay stub available through our BetterOnline™ web portal. If you do not have access to the internet through a computer, tablet, or smart phone, then check the box below.
<input type="checkbox"/> I do not have access to the internet, please send my pay stub in the mail.

I authorize Public Partnerships to deposit my payment directly into my account using an Automated Clearing House (ACH) transaction. I recognize that if I fail to provide complete and accurate information on this form, processing may be delayed or made impossible, or my electronic payments may be erroneously made. I authorize Public Partnerships to withdraw from the designated account all amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize Public Partnerships to withhold any payment owed to me until the erroneous deposited amounts are repaid. If I decide to cancel direct deposit, I will contact Public Partnerships' customer service and provide both the account and routing numbers of my account.

Payee Signature: _____ Date: _____

Public Partnerships LLC NJ DDS PPP – Direct Deposit Setup Version 1.00

Where to send the form?

Fax

1.844.627.6834

E-mail

njppp@pcgus.com

Mail

Public Partnerships, LLC
New Jersey PPP Program
PO Box 51476
Phoenix, AZ 85076-1476

PAYEE INFORMATION	
Payee Name:	
Payee's PPL ID (if known):	Social Security Number or Tax Identification Number: ____-____-____-____-____-____

DIRECT DEPOSIT SETUP		
Account Type: (Check one box)		
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> ADP® ALINE Card

ACCOUNT INFORMATION***	
Routing Number	
Account Number	
Account Nickname (optional)	

***If you select the ADP® ALINE Card, then no Routing/Account information is necessary. ADP will mail your card and the information about it.

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Payee Signature: _____

Date: _____