



Self-Directed Programs
Powered by PPL

Direct Deposit Setup

Kansas Healthy Blue

PAYEE INFORMATION	
Payee Name:	
Payee's PPL ID (if known): E	Social Security Number or Tax Identification Number: X _ X _ X _ X _ X _ _ _ _ _

DIRECT DEPOSIT SETUP
Account Type: (Check one box)
<input type="checkbox"/> Checking Account
<input type="checkbox"/> Savings Account
<input type="checkbox"/> Pay Card
<input type="checkbox"/> I do not have access to the PPL Web Portal, please send me Paper Remittance Advices.

VOIDED CHECK
<p><i>Attach a Voided Check Here</i></p> <p>1. If selecting Savings Account or Pay Card, submit documentation from your financial entity confirming your account and routing numbers – <u>all information must be pre-populated including your full name.</u></p> <p>2. Sorry, no Starter Checks.</p>

If I request the Direct Deposit payment selection, I authorize PPL 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 certify I have read and agree to comply with PPL rules governing payments and electronic transfers. I authorize PPL 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 PPL to withhold any payment owed to me by PPL until the erroneous deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to PPL. If I decide to cancel direct deposit, I will contact PPL Customer Service and provide both the account and routing numbers of my account.

Payee Signature:_____

Date:_____