

DIRECT DEPOSIT UPDATE

Emplo	yee Name															
First:			Last:									PPI	L ID:			
Partic	ipant Name															
First:			Last:									PPI	L ID:			
Emplo	yer Name															
First:			Last:													
Please select how you want to be paid: Direct Deposit to your Bank Account or by Debit Card. You will be paid by paper check until direct deposit is set up. This is because it takes one to two pay periods for direct deposit to become active. If you need to update your bank account details, you must submit a new form. If you work for multiple Participants/Employers, you will need to submit this form for each Participant/Employer.																
Payme	ent Details															
☐ Dir	ect Deposit to Bank Acc	count														
Account Type (select one):																
Bank Name:																
Accour	nt Number:											_				
Routing	g Number:															
☐ Deposit to Debit Card If you select Debit Card as your payment method, you must provide PPL with an address where you live. If you work for more than one Participant, all payments will be on one pay card. Pay Stub																
Your p	ay stub is available through ter, tablet, or smart phone													ernet	throug	gh a
Agree	and Sign															
The Er	nployee confirms: I have read all of this for The details I have provid PPL can deposit my pay If I fail to give complete may be erroneously ma PPL can withdraw from If my account is closed owed to me until the inc Before I spend money fris not responsible for an If I want to cancel direct number.	ded are accur yment directly and accurate de. the designate or does not ha correct deposition from my wages y insufficient	into my details ed accor ave enc ted amo s, I mus funds fe	ban on th unt al ough i ounts et ens	k accordis for amone are roure the or an	m, propunts by to a epaid ne mo	depo illow oney l er fee	sing resited withd has bestored	elect rawa een c	ronical, there deposes on	ayed ally in PP sited n my	d, or n n erro L can into r acco	or. withleny actions and actions with the second se	hold a count s).	ny pa . I agr	yment ee PPL
Em	ployee Signature:											Date:				1