CO CDASS
Powered by PPL

Direct Deposit Form

This form directs Public Partnerships LLC (PPL) to set up an attendant's payment method as direct deposit. Attendants are paid by paper check until their payment method is set up because it takes one to two pay periods for payment methods to become active.

Employer Name (first and last): _____

Member Name (first and last): _____ **PPL ID:** _____

Instructions: Attendant, complete Parts 1, 2 and 3. If you work for multiple CDASS employers, you must submit this form for each one. Submit a new form to change your bank or third-party money app details.

Part 1: Check the box next to the method of payment you want.

☐ Direct Deposit to Bank Account or Third-Party Money App

Account type (select one): ☐ Checking Account ☐ Savings Account ☐ Money app

Bank or money app name: _____

Routing number: ____ ____ ____ ____ ____ ____ ____ ____ ____

Account number: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

PPL will deposit my payment directly into my bank account or money app.

☐ Deposit to Debit Card

If you select Debit Card as your payment method, you must provide PPL with your mailing address in the section below. If you work for more than one employer, all payments will be on one card.

☐ Payment by Paper Check

Mailing Address

Address (not PO Box): _____

Address 2 (Apt., Ste., or other): _____

City: _____

State: _____

Zip Code: _____

County: _____

Part 2: Pay stubs are available through the PPL web portal and the PPL mobile app. Select the checkbox below if you require or prefer to have your pay stubs sent to you in the mail.

☐ Send my pay stub in the mail. Your paystub will be received at the address you provided above.

Part 3 - Agree and Sign

By signing below, I confirm that I have read this form and that:

- All the information I have given on this form is correct and complete,
- I understand that PPL is the Financial Management Service (FMS) for my employer. PPL is not my employer. My employer is:
  - The person receiving services (member), or
  - An authorized representative for the member.
- PPL, as a Financial Management Service (FMS), will support my CDASS employer in:
  - Processing paychecks,
  - Managing taxes, and
  - Performing other payroll tasks.
- PPL will use my account numbers only to process my paychecks and garnishments (if applicable) on behalf of my CDASS employer.
- I understand errors on this form may make my payments delayed and/or incorrect,
- If my direct deposit to bank, money app, or debit card payment is made in error, I understand PPL:
  - Will withdraw the incorrect deposited amount from my account,
  - Can only withdraw the incorrect amount if my account is open and has enough money, and
  - Will withhold future payments owed to me until my account can be debited the incorrect deposited amounts, and
- I will provide PPL the account details in Part 1 if want to change my payment method.

Attendant Signature: _____ **Date:** _____

Attendant Printed Name (first and last): _____ **PPL ID:** _____