

Public Partnerships, LLC - Indiana FSSA Program

FORM -EFT1

# DIRECT DEPOSIT APPLICATION

Section 1

## CREATE OR CHANGE PPL EFT ACCOUNT CLOSE EXISTING PPL EFT ACCOUNT

Check the appropriate box below based on your request.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> New Direct Deposit Set-up | <input type="checkbox"/> Change Account Number | <input type="checkbox"/> Cancellation Request         |
| <input type="checkbox"/> New Debit Card Set-up     | <input type="checkbox"/> Change Account Type   | <input type="checkbox"/> Change Financial Institution |

Section 2

## PAYEE INFORMATION

Disclosure of your Social Security Number (SSN) is voluntary pursuant to 42 USC 405c2C. PPL will use to file required information returns to IRS.

1 Federal Employer Identification No. (EIN)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	←	EIN
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OR

2 Social Security Number (SSN)

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	←	SSN
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3 Payee Name

4 Telephone Number

5 Payee Address

6 City

7 State

8 Zip

Section 3

## AUTHORIZATION FOR SET-UP, CHANGE OR CANCELLATION

I authorize PPL to stop making electronic transfers to my account without advance notice. I certify that I'm authorized to contract for entity receiving deposits per this agreement, & that all information provided is accurate.

9 Signature (Required)

10 Title

11 Date

I authorize PPL to process payments owed to me for services authorized by a IN FSSA Program in the state of Indiana. Per my request, PPL will deposit my payment directly to my bank account indicated below using 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.

Section 4

## ACCOUNT DETAIL INFORMATION

12 Financial Institution Name (My Bank's Name)

13 Bank Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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14 Bank Routing Number

15 Account Type

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Debit
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16 My Account Number

17 Bank City

18 Bank State

19 Bank Zip

Section 5

## CANCELLATION

Cancellation Reason

PPL Use ONLY

Staff Entry:  
Date:

I do not have access to the PPL Web Portal, please send Remittance Advice