

DIRECT DEPOSIT AND DEBIT CARD AUTHORIZATION FORM

Directions: To begin, change or cancel the transmittal of workers' compensation benefit checks and/or proceeds from a settlement agreement directly to a Financial Institution, read, complete and send this form to the insurance carrier responsible for your workers' compensation claim.

CLAIMANT'S RIGHTS

- This form is optional. You have the right to receive your workers' compensation benefits or settlement proceeds by paper check in the mail.
- You have the right to access all settlement proceeds at any time.
- There is no limit on the amount or frequency of direct deposits unless by express written agreement with the insurance carrier responsible for your workers' compensation claim.
- You have the right to cancel the direct deposit at any time by checking the appropriate box on this form and forwarding the completed form to the insurance carrier responsible for the workers' compensation claim.

AUTHORIZATIONS & UNDERSTANDINGS

- I authorize the insurance carrier to directly deposit my workers' compensation benefits or settlement proceeds into the specified bank account.
- I authorize the insurance carrier to debit the account in order to recover any credits deposited in error. The insurance carrier may recover credits deposited in error by any lawful means.
- I understand this consent does not authorize the insurance carrier to recover alleged overpayments of established and awarded benefits.
- I understand that any change in my employment status may affect my right to receive benefits.
- I understand that any false statement or failure to disclose a material fact in order to obtain or increase my benefits may result in criminal prosecution, disqualification from benefits, and repayment of any funds deposited to my account.
- I understand that the failure to notify the insurance carrier of any change in financial institution or account may delay receipt of my benefits or settlement proceeds.
- I understand that in order to change or cancel the direct deposit for my workers' compensation settlement proceeds, I need to submit this form to the insurance carrier.

DIRECT DEPOSIT AUTHORIZATION FORM

NEW ENROLLMENT
 CHANGE
 CANCEL

SECTION 1 (TO BE COMPLETED BY CLAIMANT)

Claimant's Name (last, first):	Claim Number:
Phone Number (including area code):	E-mail Address:
Address:	Account Type: <input type="checkbox"/> Direct Deposit _____
	For Direct Deposit: <input type="checkbox"/> Checking (attach voided check) <input type="checkbox"/> Savings Amount or Percentage to be deposited: _____
DEPOSITOR/CLAIMANT/JOINT ACCOUNT HOLDER CERTIFICATION I certify that I am entitled to receive the underlying compensation payments or settlement proceeds and circumstances entitling me to benefits or settlement proceeds have not changed. In signing this form, I authorize my benefits or settlement proceeds to be deposited into my account in the financial institution named.	
Depositor/Claimant Certification Signature	Date
Joint Account Holder Certification Signature	Date

SECTION 2

The claimant's name MUST appear on the account.	
Name of Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Depositor's Account Number (EFT Format):	Routing Number:

Each financial account that you designate for direct deposit will require a completed Direct Deposit Authorization Form.