Workers' Compensation Direct Deposit Form

Please check the appropriate box. ***REQUIRED**

☐ **WORKERS' COMPENSATION** (PERMANENT DISABILITY)	☐ **COAL WORKERS' PNEUMOCONIOSIS** (FEDERAL BLACK LUNG ONLY)

***Name:**

***Social Security Number:** ___ ___ ___ - ___ ___ - ___ ___ ___ ___

***Telephone Number:** ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

***Address 1:**

***Address 2:**

***City:** ***State:** ***Zip Code:**

ACCOUNT INFORMATION

***Financial Institution Name:**

Please mark one only: ☐ **Start Direct Deposit** ☐ **Change** ☐ **Cancel**

Please mark one only: ☐ **Checking - Attach a voided check.** ☐ **Saving**

I hereby authorize the State of West Virginia, hereinafter called State, to initiate credit entries as indicated on the form above. I further authorize the State to initiate debit entries as adjustments for credit entries made in error. This authority is to remain in effect until the State receives written notification from me of termination in such time and manner as to afford reasonable opportunity for action. The State will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this agreement.

***Participant's Signature:** _____ ***Date:**

***Claimant Name:** ***Claim Number:**

Please return to: Claims Services PO Box 50541 Charleston, WV 25305

To be completed by an Insurance Commission Representative

I hereby certify that I am a representative of the Insurance Commission and authorized to certify the information listed and attached with this agreement has been received from the participant or their legal representative. I also certify the SSN listed belongs to the individual entitled to receive the payment(s).

***Insurance Commission Representative's Signature:** _____ *Date:

For information regarding your direct deposit setup or change please contact the ePayments Division at 1-800-500-4079.

Pursuant to Section 7 of the Privacy Act of 1974, the disclosure of your Social Security Number is mandatory. Social Security Numbers are necessary to properly maintain records concerning your direct deposit payments as is required and authorized by the federal government for tax administration purposes. See generally, 42 U.S.C. § 405(c). Failure to provide a Social Security Number will prevent us from processing your direct deposit request.