



Claimant Direct Deposit Authorization

WCF electronic direct deposit for claimants is a fast way for you to get compensation payments delivered right to your bank account. Benefits of using direct deposit include:

- Funds arrive quicker than a check
- No waiting at the bank
- No check cashing fee to pay
- Free, Easy, and Convenient

SIGN UP FOR DIRECT DEPOSIT IN 4 SIMPLE STEPS:

1. Fill out the Payment Method Change Form below. (Mark the "New" box on the form below)
2. Attach a voided check for checking account, savings deposit slip for savings account or a signed authorization on letterhead from your banking institution.
3. Sign the False or Fraudulent Claims Warning Form.
4. Return all documents in the provided envelope or fax to 385.351.8275.

You can also use the Payment Method Change Form to cancel direct deposit or change financial institutions and/or account where your payments are sent. have any questions, please contact your adjuster.

PAYMENT METHOD CHANGE FORM		
(Payments are to be made by check unless this form is completed and returned to WCF)		
Name (first, middle, last)	Claim Number	Daytime Phone
Mailing Address (city, state, zip)		
Employer	Employer Address (city, state, zip)	

DIRECT DEPOSIT AUTHORIZATION FORM		
(CHECK ONE)		
<input type="checkbox"/> NEW Deposit benefit payment in the account shown below.	<input type="checkbox"/> CHANGE Change the financial institution and/or account number.	<input type="checkbox"/> CANCEL Stop my participation in the program.
Name of Financial Institution		
Type of Account (check one) *Attach a voided check for checking account or a saving deposit slip for savings account		
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	
I hereby authorize WCF and the financial institution shown above to deposit my benefit directly to my account each disbursement day and to initiate, if necessary, debit entries and adjustments for any deposit entries made in error to my account. This authority will remain in effect until I file a new Payment Method Change Form.		
Signature _____		Date _____