



## Workers' Compensation Claim Direct Deposit Form

Claim #: \_\_\_\_\_

Injured Worker: \_\_\_\_\_

Named Employer: \_\_\_\_\_

### ACTION REQUESTED

- ☐ Please establish a **NEW** direct deposit to the bank account listed below.
- ☐ Please **CHANGE** my direct deposit, and direct my benefit payments to the bank account listed below.
- ☐ Please **CANCEL** the direct deposit of my benefit payments to the bank account listed below and send my benefit payment checks to me in the mail.

Name on Bank Account (if different from above): \_\_\_\_\_

	BANK ACCOUNT
Name of Financial Institution	
Branch Location (City, State)	
Routing #	
Account #	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

I hereby authorize Alabama Retail Comp, at their discretion, to send credit entries to the bank account indicated above. These deposits may be made electronically or by any other commercially accepted method.

This authorization will remain in effect until I give written notice to Alabama Retail Comp either to change or cancel this authorization, in such time and in such manner as to afford Alabama Retail Comp a reasonable opportunity to act on it. I understand that my deposit will not be posted to my account until the date of my scheduled benefit payment.

I grant Alabama Retail Comp the right to correct any Electronic Funds Transfer resulting from erroneous overpayment by debiting my account(s) to the extent of such overpayment. I further understand that Alabama Retail Comp is not responsible for any costs or service charges incurred by me as a result of Alabama Retail Comp's actions related to Electronic Funds Transfer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address:

Return completed form to: \_\_\_\_\_