New

Insurance

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TERMS AND CONDITIONS OF NYSIF'S ELECTRONIC FUNDS TRANSFER (EFT) PROGRAM

Retain For Your Records

CANCELLATION

This agreement remains in effect until cancelled. You may cancel by writing to your case manager. You can locate your case manager at nysif.com>Products&Services>Claimants> Contact Your Case Manager, or by calling Customer Service at 1-888-875-5790. This agreement may also be cancelled by NYSIF or by your financial institution. In such case, you will receive checks in the mail.

CHANGES IN YOUR BANK ACCOUNT

It is your responsibility to notify NYSIF immediately of any changes in your account (e.g. change of account number, financial institution, etc.)

A change in account will take at least five days for processing. In instances where you are changing financial institutions, you should maintain accounts at both your old and new financial institutions until the new financial institution receives your first EFT payment. If the account at the first financial institution is not maintained, you may experience a delay in payment until the new EFT authorization takes effect.

AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR

By signing this form, the depositor/payee and the joint tenant, if any, each consent to allow NYSIF, through the financial institution, to debit the account, in order to recover any payments to which the depositor/payee or the joint tenant were not entitled, which were deposited to the account in error or by mistake. This means of recovery shall not prevent NYSIF from utilizing any other lawful means to retrieve payments to which the depositor/payee or the tenant, if any, are not entitled.

PERIODIC VERIFICATION

For your personal protection, NYSIF will periodically review your authorization of electronic transfers. NYSIF may contact you periodically to make sure that the right person is receiving payments and to ascertain if that person is still entitled to receive payments. If the payee is no longer living, NYSIF should be notified immediately.

To Learn More About **Electronic Funds Transfer** call NYSIF's Customer Service Center 1-888-875-5790

New York State Insurance Fund Andrew M. Cuomo, Governor

SECTION II - TERMS AND CONDITIONS PLEASE READ CAREFULLY

REQUIREMENTS FOR TYPE OF ACCOUNT

Choose only one account: Checking or Savings. Complete all information in Section I, including your account number and bank routing number. Contact your financial institution if you need help completing this section.

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NEW YORK STATE INSURANCE FUND

ELECTRONIC TRANSFER AUTHORIZATION APPLICATION

To receive the benefits of Electronic Funds Transfer (EFT), please read the back of this form and then type or print the information requested in SECTION I. Call 1-888-875-5790 if you have questions regarding this form.

SECTION I

Name (Last, First,	Middle)		State Insurance Fund Claim Number	
Resident Address	(Do not use PO	Box or Mailing Address)	Telephone Number (Day) (Eveni	ng)
City	State	Zip Code	Social Security Number	
E-Mail Address				
[] Checking	[] Savings (cluding your account number and bank routing nu	ımber.)
Contact your financial institution if you need help completing this section.				
Name & Address	of Financial In	stitution		
Routing #		Account #		
Depositor/Payee Certification & Authorization				
I CERTIFY that I am entitled to the payment above, and that I have read and understand both the front and back of this form.				
	-		und payments to be sent to the financial institution nan orize The New York State Insurance Fund to verify my	
			tment of Motor Vehicles. By this signature, the payee,	
penalty of fine and/	or imprisonment,	certifies entitlement to this p	payment for benefits or services is valid, circumstance	S
_		hanged, and no false stateme ons could result in civil or c	ents or representations have been made in support of the criminal penalties.	ie
Signature			Date	

ALONG DOTTED AND RETURN SIFI SECTION

₽ NYSIF EFT account so Your funds rather than 2. electronically sends payment to your bank account, S are electronically deposited directly in ş **Efficient**

Workers'

Compensation and Disability Benefits Specialist since

1914

Available

From The

York State Insurance

What Is ш 7

electronic deposit service for New York State Insurance Fund claimants 9 their beneficiaries

Should Sign P for EFT?



mail to your home.

ic deposit with your financial institution once you complete and return the authorization no lost checks or postal delays to worry about. The service is free and secure. your money is available immediately. EFT is faster Routing application. NYSIF arranges the electron-

There are

Irouble-free

than any check cashing service.

MAIL COMPLETED APPLICATION TO: **NYSIF**

I certify that I have read the back of this form, including the authorization for recovery of funds.

Joint Account Holders Certification

ATTENTION: CUSTOMER SERVICE 15 COMPUTER DRIVE WEST ALBANY, NY 12205

Signature

OR FAX COMPLETED APPLICATION TO: NYSIF CUSTOMER SERVICE 518-437-1849

Date