



Get your claim payment by direct deposit!

Direct Deposit

New York State Insurance Fund

nysif.com

NYSIF offers direct deposit for claimants to receive workers' compensation benefits. In cooperation with your financial institution, NYSIF can deposit benefit payments directly to your bank account.

NYSIF DIRECT DEPOSIT INSTRUCTIONS

SECTION I

PLEASE READ CAREFULLY

REQUIREMENTS FOR TYPE OF ACCOUNT

Choose only one account: **Checking** or **Savings**. Complete all information in Section II, including your bank routing number (see check illustration) and account number. Check your financial institution if you need help completing this section.



CANCELLATION

This agreement remains in effect until canceled. You may cancel by writing to your case manager. You can locate your case manager at nysif.com > **CONTACT US** > *Contact Your Case Manager*, or by calling Customer Service at 1-888-875-5790.

This agreement may also be canceled 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 three weeks for processing. If 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 Direct Deposit payment. If the account at the first financial institution is not maintained, you may experience a delay in payment until the new Direct Deposit authorization takes effect.

PERIODIC VERIFICATION

NYSIF may contact you periodically to make sure 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 RECEIVE DIRECT DEPOSIT OF BENEFITS, READ SECTION I OF THIS FORM, THEN PROVIDE THE REQUESTED INFORMATION IN SECTION II. CALL 1-888-875-5790 FOR QUESTIONS ABOUT THIS FORM.

SECTION II

NAME (FIRST, MIDDLE, LAST): _____

NYSIF CLAIM NUMBER: _____

HOME ADDRESS (DO NOT USE PO BOX): _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____

PHONE (DAY): _____ PHONE (NIGHT): _____

DIRECT DEPOSIT ACCOUNT SET UP (YOU MUST CHOOSE ONE): ☐ CHECKING ☐ SAVINGS

(FILL IN ALL INFORMATION INCLUDING YOUR ACCOUNT NUMBER AND BANK ROUTING NUMBER. CONTACT YOUR FINANCIAL INSTITUTION IF YOU NEED HELP WITH COMPLETING THIS SECTION.)

NAME OF FINANCIAL INSTITUTION: _____

ROUTING # _____ ACCOUNT # _____

DEPOSITOR/PAYEE CERTIFICATION & AUTHORIZATION

IN SIGNING THIS FORM, I AUTHORIZE MY NEW YORK STATE INSURANCE FUND PAYMENTS TO BE SENT TO THE FINANCIAL INSTITUTION NAMED ABOVE TO BE DEPOSITED INTO THE DESIGNATED ACCOUNT AT THE FINANCIAL INSTITUTION NAMED. I CERTIFY THAT I AM ENTITLED TO RECEIVE THE UNDERLYING COMPENSATION PAYMENTS OR SETTLEMENT PROCEEDS, AND CIRCUMSTANCES ENTITLING ME TO BENEFITS HAVE NOT CHANGED. IN THE EVENT THAT CIRCUMSTANCES WHICH WOULD AFFECT ENTITLEMENT TO RECEIVE PAYMENTS HAVE CHANGED, I MUST NOTIFY NYSIF.

SIGNATURE: _____ DATE: _____

MAIL COMPLETED APPLICATION TO:
DOCUMENT CONTROL CENTER
NEW YORK STATE INSURANCE FUND
1 WATERVLIET AVENUE EXT.
ALBANY, NY 12206-1649