



Get your workers' compensation payment by direct deposit!

Direct Deposit New York State Insurance Fund

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. You can even elect to distribute your payments between two bank accounts (by percentage).

REQUIREMENTS FOR TYPE OF ACCOUNT

You must deposit your payment into a **Checking** or **Savings** account. Complete all information on the direct deposit form, including your bank routing number and account number (see illustration). Contact your bank if you need assistance.

YOUR NAME 1234 Main Street Anywhere, OH 00000 DATE 123

PAY TO THE ORDER OF \$ _____ DOLLARS

0044072324 000123456789 123

ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

CANCELATION

This agreement remains in effect until canceled. To cancel your agreement, visit **nysif.com**, register as a claimant and select the "unsubscribe from direct deposit" option. In addition, you may cancel by contacting your NYSIF case manager at **nysif.com** by using our Quick Links to "Get Claims Help." This agreement also may be canceled by NYSIF or by your financial institution. In either case, you will receive subsequent checks in the mail. Cancellation may take up to three weeks to process.

CHANGES TO YOUR ACCOUNT

You are responsible for notifying NYSIF if there are any changes to your bank account information (change of account number, financial institution, etc.). Notify NYSIF by submitting a new direct deposit application, available at **nysif.com**.

If you change accounts or financial institutions, you should maintain your old account until your new account receives your next direct deposit payment. If the old account is not maintained, you may experience a delay in payment until your new direct deposit authorization takes effect.

PERIODIC VERIFICATION

NYSIF may contact you periodically to validate information regarding your direct deposit account. If the payee is no longer living, notify NYSIF immediately.

To receive direct deposit of benefits, complete this form in its entirety and return it to the address below. For more information on your rights regarding direct deposit, go to nysif.com/directdeposit. All fields must be completed in order to enroll in direct deposit.

NAME (FIRST, MIDDLE, LAST): _____	NYSIF WORKERS' COMP CLAIM NUMBER: _____
HOME ADDRESS (DO NOT USE PO BOX): _____	
CITY: _____	STATE: _____
ZIP CODE: _____	
E MAIL ADDRESS: _____	PHONE: _____
<p>Enter all information, including your account number and bank routing number. Contact your financial institution if you need assistance with completing this section. Optional: If you wish to split your payments between two bank accounts, complete both sets of bank-related fields. The distribution percentage must total 100% (for example, 75% in account #1 and 25% in account #2). If at any time your bank account becomes unavailable, the amount due to be paid will be sent via paper check.</p>	
DIRECT DEPOSIT ACCOUNT #1 (choose either checking or savings): <input type="checkbox"/> Checking <input type="checkbox"/> Savings Distribution _____ % of check	
NAME OF FINANCIAL INSTITUTION: _____	
ROUTING # _____	ACCOUNT # _____
DIRECT DEPOSIT ACCOUNT #2 (choose either checking or savings): <input type="checkbox"/> Checking <input type="checkbox"/> Savings Distribution _____ % of check	
NAME OF FINANCIAL INSTITUTION: _____	
ROUTING # _____	ACCOUNT # _____
DEPOSITOR/PAYEE CERTIFICATION & AUTHORIZATION	
<p>In signing this form, I authorize NYSIF to direct payments to the financial institution(s) named above for deposit into the designated account(s). I certify that I am entitled to receive the underlying compensation payments or settlement proceeds, and circumstances entitling me to benefits from NYSIF have not changed. In the event that circumstances which would affect entitlement to receive payments have changed, I must notify NYSIF. I understand that to apply for direct deposit, I must provide an email address. By submitting this application, I consent to receiving electronic notifications at the provided email address.</p>	
SIGNATURE: _____	DATE: _____

MAIL COMPLETED APPLICATION TO:

**NYSIF
PO Box 66699
Albany, NY 12206**