



Get your **disability benefits claim** payment by **direct deposit!**

Direct Deposit

New York State Insurance Fund

nysif.com

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

REQUIREMENTS FOR TYPE OF ACCOUNT

Choose only one account: **Checking** or **Savings**. 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

044072324 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 "Find My Case Manager." 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.

NEW YORK STATE INSURANCE FUND**DIRECT DEPOSIT AUTHORIZATION APPLICATION**

TO RECEIVE DIRECT DEPOSIT OF BENEFITS, COMPLETE THIS FORM IN ITS ENTIRETY AND RETURN IT TO THE ADDRESS LISTED BELOW. FOR MORE INFORMATION ON YOUR RIGHTS REGARDING DIRECT DEPOSIT, GO TO **NYSIF.COM/DIRECTDEPOSIT**.

NAME (FIRST, MIDDLE, LAST): _____**NYSIF DISABILITY BENEFITS CLAIM NUMBER:** _____**HOME ADDRESS** (DO NOT USE PO BOX): _____**CITY:** _____ **STATE:** _____ **ZIP CODE:** _____**EMAIL ADDRESS:** _____**PHONE:** _____**DIRECT DEPOSIT ACCOUNT SET UP** (CHOOSE ONLY ONE): **CHECKING** **SAVINGS**

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

NAME OF FINANCIAL INSTITUTION: _____**ROUTING #** _____ **ACCOUNT #** _____**DEPOSITOR/PAYEE CERTIFICATION & AUTHORIZATION**

IN SIGNING THIS FORM, I AUTHORIZE THE NEW YORK STATE INSURANCE FUND TO DIRECT PAYMENTS TO THE FINANCIAL INSTITUTION NAMED ABOVE FOR DEPOSIT INTO THE DESIGNATED ACCOUNT. 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 DEPOSITS I MUST PROVIDE AN EMAIL ADDRESS. BY SUBMITTING THIS APPLICATION, I CONSENT TO RECEIVING ELECTRONIC NOTIFICATIONS AT THE PROVIDED EMAIL ADDRESS.

SIGNATURE: _____ **DATE:** _____**MAIL COMPLETED APPLICATION TO:**

NYSIF
PO Box 66699
Albany, NY 12206