

Direct Deposit

Follow these steps:

1. Fill out all fields and sign form.
2. Attach a voided check, deposit slip or bank document.
3. Send form to:

Kentucky Employers' Mutual Insurance
250 West Main Street, Ste 900
Lexington, KY 40507-1724
Fax: (859) 425-7809
E-mail: finance@kemi.com

Name as it Appears on Bank Account _____

Claim Number _____

Action: Enroll
 Change

Please Indicate Type of Account:

Checking Savings Other

Name of Banking or Financial Institution _____

ABA or Bank Routing Number _____ Account Number _____

Phone Number of Banking or Financial Institution _____

City/State/Zip of Banking or Financial Institution _____

If you would like to be notified of payment by e-mail please provide your e-mail address below.

E-mail Address _____

Always enclose voided check, deposit slip or other bank document. Your request cannot be processed without this information.

Authorization Agreement for Direct Deposit via Electronic Funds Transfer (EFT):

I hereby authorize Kentucky Employers' Mutual Insurance (KEMI) to automatically initiate credit entries to my account at the financial institution named above. I further authorize the financial institution to accept these credit entries and post them to my account. I understand that if corrections in the credit amount are necessary it may involve adjustments (credit or debit) to my account, and I hereby authorize such corrections. I understand that both the financial institution and KEMI reserve the right to terminate my participation in this direct deposit program. I also understand that I may discontinue enrollment at any time with written notice to KEMI, after allowing KEMI and the financial institution a reasonable amount of time to act upon my notification.

Printed Name _____ Title _____

Authorized Signature _____ Date ____ / ____ / _____