



# Direct Deposit Form

To proceed, follow these steps:

1. Fill out all fields and sign.
2. Attach a voided check for checking account or a deposit ticket for a savings account.
3. If you do not have a check or a deposit ticket, please complete the form with the bank and routing number and include a daytime telephone number and we will contact you for verification.
4. Send form to:

Kentucky Employers' Mutual Insurance  
 P.O. Box 12500  
 Lexington, KY 40583-2500  
 Fax: (859) 425-7809

Name: \_\_\_\_\_ Claim Number: \_\_\_\_\_

**Mailing Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If you would like to be notified of payment by email, please provide your email address:

E-mail address: \_\_\_\_\_

Please indicate type of account:      Savings      Checking

Name of Bank or Financial Institution: \_\_\_\_\_

**Address of Bank or Financial Institution:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank or Financial Institution Phone Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Checking or Savings Account Number: \_\_\_\_\_

**Authorization Agreement for 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 in this application, for payment of Workers' Compensation benefits. I further authorize the Financial Institution to accept these credit entries and post them to my account. If corrections in the credit amount are necessary it may involve adjustments (credit or debit) to my account. I understand that both the Financial Institution and KEMI reserve the right to terminate my participation in this payment plan. I also understand that I may discontinue enrollment at any time with written notice to KEMI, after allowing KEMI and the bank a reasonable time to act upon my notification.

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date