



Claimant Direct Deposit Authorization Form

I hereby authorize IWIF to deposit any bi-weekly Workers' Compensation benefits owed to me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by IWIF to my account. In the event that IWIF deposits funds erroneously into my account, I authorize IWIF to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until IWIF and Bank have received written notice from me of its termination in such time as to afford IWIF and Bank reasonable opportunity to act on it. I authorize IWIF to:

- Initiate Direct Deposit** **Change/Update** **Terminate Direct Deposit**

Claim Number: _____

Claimant's Name: (please print) _____

Bank Name/City/State: _____

Routing/Transit #: _____

Account Number: _____

- Checking** **Savings**

Signature: _____ Date: _____

To enroll in Direct Deposit, simply fill out this form and return to IWIF as noted below. If depositing to a checking account, please attach a copy of a voided check (not a deposit slip). If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account (it isn't always the same as the number on a savings deposit slip!). These attachments will help ensure funds are transferred correctly.

Fax back to: 410-494-2088
Attn: Paige Beck

Mail back to: IWIF Finance Dept.
Attn: P. Beck (EFT)
8722 Loch Raven Blvd
Towson MD 21286