KEMI
Making workers' comp work

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.

Name: _____ Claim/Agency/Policy 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

☐ I have attached a copy of a voided check, deposit ticket, or account statement that includes the routing number and saving or checking account numbers.

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*