



Bureau of Workers' Compensation

Electronic Funds Transfer (EFT)/Direct Deposit Application for Authorized Representatives

Submit the form to BWC in one of the following ways.

Email: Secure email to eftgroup@bwc.ohio.gov.

Fax: 614-621-1140.

Mail: BWC, Benefits Payable, P.O. Box 15429, Columbus, OH 43215.

Important: If you fax or mail the form to us, be sure to sign and date it. We cannot process it without a signature.

Include a completed IRS W-9 and a voided check containing your banking information and account number as provided on this form.

New application Update to existing agreement

Payee

Name		Employer identification number										
				-								
Address												
City							State			ZIP code		
Phone												
Main contact (Person to contact if there should be any questions)												

Account information

Bank name												
City							State			ZIP code		
Routing transit or American Banking Association number						Account number						
Type of account (<i>check one</i>): <input type="radio"/> Checking <input type="radio"/> Savings						Account holder name						

I hereby authorize the Ohio Bureau of Workers' Compensation to deposit funds electronically to the checking or savings account at the financial institution indicated. I also authorize withdrawal of any funds deposited in error. I understand this is for direct deposit of payments from BWC, and that I will continue to receive payment notices by mail.

This authorization will remain in full effect until I terminate the agreement and notify BWC in writing in such time and manner to afford BWC and my financial institution a reasonable opportunity to act.

Signature (Authorized signature)				Date			Daytime phone number		
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For BWC use only: EP#