



Andy Beshear
GOVERNOR

EDUCATION AND LABOR CABINET

Jamie Link
SECRETARY

Department of Workers' Claims
Scott C. Wilhoit, Commissioner
500 Mero Street, 3rd Floor
Frankfort, Kentucky 40601
Phone: (502) 564-5467

Special Fund

DIRECT DEPOSIT AUTHORIZATION FORM

This form requires either notarization or a voided check with claimant's name printed on it.

Claim No.: _____ Claimant's Name: _____

Claimant's SSN: _____ Claimant's Phone: (____) _____

Claimant's Address: _____

Bank Name: _____

Bank Address: _____

Bank City, State, Zip: _____ Bank Phone: (____) _____

Routing Number: _____ Account Number: _____

Checking -or- Savings

Notarized -or- Voided Check

Claimant's Signature: _____

State of _____)

)

County of _____)

Acknowledged before me by _____ on this, the _____ day of _____, 20____.

Notary Public

Notary ID

My commission expires _____.

Submit by mail, by email to KYWCSpecialFund@ky.gov, or by fax to (502) 695-5608.