



Andy Beshear
GOVERNOR

EDUCATION AND LABOR CABINET

Jamie Link
SECRETARY

Department of Workers' Claims
Division of Workers' Compensation Funds
Special Fund
Scott Wilhoit, Commissioner
500 Mero Street, 3rd Floor
Frankfort, Kentucky 40601
(502) 564-5467
FAX (502) 695-5608

DIRECT DEPOSIT AUTHORIZATION FORM

Please attach a VOIDED CHECK, Notarize, FAX/Mail to our office.

CLAIM NO _____ CLAIMANT'S NAME: _____

SS# _____ PHONE NO: () _____

ADDRESS: _____

BANK NAME: _____

BANK ADDRESS: _____

BANK PHONE NUMBER: _____

CHECKING SAVINGS

ROUTING NUMBER: _____ ACCOUNT NUMBER _____

Claimant Signature _____

Notarization Required

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20____ by

_____, known to me or proven to be the same person
executing this document.

_____ NOTARY PUBLIC

My Commission Expires: _____
(AFFIX SEAL)