

WORKERS' COMPENSATION

DIRECT DEPOSIT AUTHORIZATION FORM

Directions: To begin, change or cancel the transmittal of workers' compensation benefit checks and/or proceeds from a settlement agreement pursuant to WCL § 32 (hereinafter settlement proceeds) directly to a financial institution: fill out the attached form sent to you from your claims administrator, Walmart Claims Services, or from their website and submit the form directly to them. **Do not send to the Workers' Compensation Board.** If you need a paper copy of the form, please contact your Case Manager at Walmart Claims Services.

CLAIMANT'S RIGHTS TO DIRECT DEPOSIT

- This form is optional, although you have the right to receive your workers' compensation indemnity benefits or death benefits in the form of direct deposit. You also have the right to receive your workers' compensation indemnity benefits or death benefits by paper check in the mail.
- You have the right to cancel the direct deposit at any time by checking the appropriate box on this form and forwarding the completed form to your Case Manager at Walmart Claims Services. The request will be implemented within forty-five days of receipt of notice, and thereafter payment of benefits will be sent by paper check.
- Beginning July 1, 2021, you have the right to have such payments deposited into your bank account at your request.

AUTHORIZATIONS & UNDERSTANDINGS

- I authorize the claim administrator to directly deposit my workers' compensation indemnity benefits or death benefits into the specified bank account.
- I authorize the claim administrator to debit the account in order to recover any credits deposited in error. The claim administrator may recover credits deposited in error by any lawful means. **IMPORTANT:** This consent does not authorize the claim administrator to recover alleged over payments of established and awarded benefits.
- I understand that any change in my employment status may affect my right to receive benefits.
- I understand that any false statement or failure to disclose a material fact in order to obtain or increase my benefits may result in criminal prosecution, disqualification from benefits, and repayment of any funds deposited to my account.
- I understand that the failure to notify the insurance carrier, self-insured employer, or third-party administrator (TPA) (claim administrator) of any change in financial institution or account may delay receipt of my benefits or settlement proceeds.
- I understand that in order to change or cancel the direct deposit for my workers' compensation indemnity benefits or death benefits, I need to submit this form to the claim administrator.
 - I understand that I have an obligation to immediately notify the claim administrator if I am no longer entitled to such payments, or of changes in circumstances which affect my entitlement to such payment.
 - I understand that the claim administrator may require me to certify annually that I continue to elect the receipt of such benefits by direct deposit, and that if I fail to do so, the claim administrator may discontinue direct deposit and thereafter provide benefits by paper check.

Electronic Funds Transfer (EFT) Payee Enrollment Authorization Form



Remit this form to:

Email your Claim Adjuster for fast service.

Email: wmtpa@conduent.com

Fax: 1-877-219-0832

Mail: Walmart Claims Services, Inc
P. O. Box 14731
Lexington, KY 40512-4731

EFT Program Instructions:

1. Complete the form below and sign it.
2. We need information to verify your account number. Please include one bank account document either in the form of a voided check or bank document that contains the name on the account, electronic routing transit number, account number and type.
 - **Expedited process** – Please email an image of the completed and signed form to your claim adjuster. You will need to provide a clear image of a voided check via email as well. This can be a picture or scanned copy.

**If an image of a voided check is not available, you can provide an image or electronic file of your online banking account information that includes name on the account, bank account number and routing number.

**Texting the check or form image is not an approved secured method and will not be allowed.

NOTE: Payee understands Walmart will not be responsible for payments if the information provided is incorrect.

Request Type: (Required)

- New EFT Enrollment (new to receive an EFT payment)
- Change to Current EFT Enrollment (e.g. account or bank changes)
- Cancel EFT Enrollment

Payee's Contact Information: (Required)

Name: _____

E-mail: _____

Phone: _____

Which document is returned with this form:

- Voided Check (we are unable to accept a temporary check)
- Confirmation of account information

Bank Information: (Required, please print legibly)

Checking Account Savings Account

Payee Name (as it appears on bank account): _____

ABA Routing Number:

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Enter the nine-digit routing number

Account Number: _____

Bank Name: _____

By signing this document, I agree to the following:

I have read, understand and agree to be bound by, the terms of the Electronic Funds Transfer (EFT) Program as set forth above. I am authorized and empowered to sign this document as the payee or on behalf of Payee and bind payee to the terms of this program.

Payee Authorized Representative Signature

Date

Printed Name

Title

NOTE: This form **must be signed** by the payee or the court ordered Guardian or a Notarized Power of Attorney representative to be enrolled in EFT Program. If you do not submit this information, your EFT authorization agreement will be rejected without further processing.

Claim Number:

Adjuster Name:

Phone: