



Instructions

- To enroll in direct deposit, print this form, complete the information requested and sign it.
You may submit a completed form in one of three ways:
Fax - 614-621-1140.
Email - Secure e-mail to eftgroup@bwc.state.oh.us.
Mail - BWC, Benefits Payable, P.O. Box 15429, Columbus, OH 43215.
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

Form with fields: Name, Employer identification number, Address, City, State, ZIP code, Phone, Main contact (Person to contact if there should be any questions)

Account information

Form with fields: Bank name, City, State, ZIP code, Routing transit or American Banking Association number, Account number, Type of account (check one): Checking 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.

Form with fields: Signature (Authorized signature), Date, Daytime phone number

For BWC use only: EP#