



**Instructions**

- Please print or type.
- Please attach a voided check or deposit slip for the new account.
- You must complete **all** information for us to process this form.
- Return this form to BWC Benefits Payable, P.O. Box 15429, Columbus, OH 43215-0429

| <b>*New Bank Information</b>   |                     |   |
|--|---------------------|---|
| <b>NOTE:</b> Complete this section if you are changing direct deposit information. <b>Please keep old bank account open until payments are received in new bank account.</b> |                     |   |
| Bank name  |                     |   |
| Account holder   |                     |   |
| Bank transit routing number  | Bank account number | Check one<br><input type="checkbox"/> Checking <input type="checkbox"/> Savings |

| <b>Injured Worker Information</b> |                                       |
|-----------------------------------|---------------------------------------|
| Injured worker name               | Current telephone number<br>(       ) |
| Social Security number            | Claim number(s)                       |

|                          |      |
|--------------------------|------|
| Injured worker signature | Date |
|--------------------------|------|

