



A FAIRFAX Company

## 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 this form and mail it to Zenith Insurance Company, P.O. Box 1558 Sarasota, FL 34230.

### **CLAIMANT'S RIGHTS TO DIRECT DEPOSIT**

- This form is optional, but you have the right to receive your workers' compensation indemnity benefits or death benefits from Zenith Insurance Company ("Zenith") 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 Zenith. 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 at least two bank accounts at your request, either as a percentage of the total benefit or a fixed dollar amount for each deposit. Zenith may require a minimum amount of up to \$20 into each bank account.

### **AUTHORIZATIONS & UNDERSTANDINGS**

- I authorize Zenith to directly deposit my workers' compensation indemnity benefits or death benefits into the specified bank account(s).
- I authorize Zenith to debit the account in order to recover any credits deposited in error. Zenith may recover credits deposited in error by any lawful means. IMPORTANT: This consent does not authorize Zenith 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 Zenith 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 Zenith.
- I understand that I have an obligation to immediately notify Zenith if I am no longer entitled to such payments, or of changes in circumstances that affect my entitlement to such payment.
- I understand that Zenith 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, Zenith may discontinue direct deposit and thereafter provide benefits by paper check.

*Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.*



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NEW ENROLLMENT       CHANGE       CANCEL

## SECTION 1 (TO BE COMPLETED BY CLAIMANT)

Depositor/Claimant's Name (last, first):	WCB Claim Number:
Phone Number (including area code):	Email Address:
<b>DEPOSITOR/CLAIMANT/JOINT ACCOUNT HOLDER CERTIFICATION</b> I certify that I am entitled to receive the underlying compensation payments or death benefits and circumstances entitling me to benefits or death benefits have not changed. I understand that the claim administrator may request an annual certification of continued entitlement to such payments or benefits and that such certification must be provided within sixty days in order to continue payments by direct deposit.	
Depositor/Claimant Certification Signature	Date
Joint Account Holder Certification Signature	Date

## SECTION 2

Please check with your financial institution to complete the requested information in this section. Direct deposit is only available if your financial institution is part of the New York State Automated Clearinghouse. In addition, the depositor's name MUST appear on the account.

Name of Financial Institution:	Account Type <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS Amount or Percentage to be deposited:
Depositor's Account Number (EFT Format):	Routing Number:

Name of Second Financial Institution:	Account Type: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS Amount or Percentage to be deposited:
Depositor's Account Number (EFT Format):	Routing Number: