Matt Bevin
Governor

Jenean Hampton
Lt. Governor

Kentucky Labor Cabinet
Division of Workers' Compensation Funds
657 Chamberlin Avenue
Frankfort, Kentucky 40601
Phone: (502) 564-5467
Fax: (502) 564-5112
www.labor.ky.gov

Derrick K. Ramsey
Secretary

William Emrick
Acting Commissioner

Judith Erickson
Division Director

DIRECT DEPOSIT

Dear Beneficiary: ***Please fill out all information completely and mail to: Kentucky Labor Cabinet, Division of Worker's Compensation Funds, 657 Chamberlin Avenue, Frankfort, KY 40601. Please allow up to 4 weeks for Direct Deposit to begin.***

CLAIMANT'S NAME: _____SS#_____
ADDRESS: _____
_____
TELEPHONE NO: ( ) _____ CLAIM NO:_____

**********************BANK INFORMATION************************

BANK NAME: _____
BANK ADDRESS: _____
BANK PHONE NUMBER: _____
ROUTING NUMBER: _____
ACCOUNT NUMBER: _____
CHECKING OR SAVINGS: _____

COMMONWEALTH OF KENTUCKY)
)
COUNTY OF _____)

Subscribed and sworn before me, I _____, a Notary Public, in and for the County and State above, do hereby declare that the Affiant, _____did appear personally before me and furnish adequate identification of their identity and stated that _____(he/she) did sign this document of their own free will, on this the _____ day of _____, 20__.

(AFFIX SEAL)

_____
Notary Public
My Commission expires: _____

An Equal Opportunity Employer M/F/D