



Andy Beshear
Governor

Larry L. Roberts
Secretary

Jacqueline Coleman
Lieutenant Governor

Robert L. Swisher
Commissioner

KENTUCKY LABOR CABINET
Department of Workers' Claims
Division of Workers' Compensation Funds

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500 Mero Street
Frankfort, KY 40601
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www.labor.ky.gov/workersclaims

DIRECT DEPOSIT AUTHORIZATION FORM

Please attach a VOIDED CHECK, Notarize and mail to our office.

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: _____

Claimant Signature _____

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____ by
_____, known to me or proven to be the same person
executing this document.

NOTARY PUBLIC

My Commission Expires: _____



(AFFIX SEAL)

