



Matt Bevin
Governor

**Kentucky Labor Cabinet
Division of Workers' Compensation Funds**

David A. Dickerson
Acting Secretary

Jenean Hampton
Lt. Governor

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Robert L. Swisher
Commissioner

DIRECT DEPOSIT

Dear Beneficiary: *Please fill out all information completely and mail to: Kentucky Labor Cabinet, Division of Worker's Compensation Funds, 46 Mill Creek Park, Box 5, 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: _____

