



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

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

Injured Worker Information	
Injured worker name	Current telephone number ()
Social Security number	Claim number(s)
Injured worker signature	Date

