



**MICHIGAN MILLERS**  
**INSURANCE**

*Backing the Best in Business*

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

**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. Read, complete and send this form to [claims@mimillers.com](mailto:claims@mimillers.com). **Do not send to the Workers' Compensation Board.**

**CLAIMANT'S RIGHTS**

- This form is optional. You have the right to receive your workers' compensation benefits or settlement proceeds by paper check in the mail.
- You have the right to access all settlement proceeds at any time.
- There is no limit on the amount or frequency of direct deposit unless by express written agreement with Michigan Millers Mutual Insurance, and with the approval of the Workers' Compensation Board.
- 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 [claims@mimillers.com](mailto:claims@mimillers.com).
- Michigan Millers Mutual Insurance must issue direct deposit that is associated with a fully insured bank and the account must be in your name.

**AUTHORIZATIONS & UNDERSTANDINGS**

- I authorize Michigan Millers Mutual Insurance to directly deposit my workers' compensation benefits or settlement proceeds into the specified bank account.
- I authorize Michigan Millers Mutual Insurance to debit the account in order to recover any credits deposited in error. Michigan Millers Mutual Insurance may recover credits deposited in error by any lawful means.
- I understand this consent does not Michigan Millers Mutual Insurance to recover alleged overpayments 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 Michigan Millers Mutual Insurance 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 benefits or settlement proceeds, I need to submit this form to [claims@mimillers.com](mailto:claims@mimillers.com).



# DIRECT DEPOSIT AUTHORIZATION FORM

NEW ENROLLMENT       CHANGE       CANCEL

**SECTION 1 (TO BE COMPLETED BY CLAIMANT)**

<b>Claimant's Name</b> (last, first):	<b>WCB Claim Number:</b>
<b>Phone Number</b> (including area code):	<b>E-mail Address:</b>
<b>Address:</b>	<b>Account Type:</b> <input type="checkbox"/> Direct Deposit
	<b>For Direct Deposit:</b> <input type="checkbox"/> Checking (attach voided check) <input type="checkbox"/> Savings Amount or Percentage to be deposited: _____
<b>DEPOSITOR/CLAIMANT/JOINT ACCOUNT HOLDER CERTIFICATION</b> I certify that I am entitled to receive the underlying compensation payments or settlement proceeds and circumstances entitling me to benefits or settlement proceeds have not changed. In signing this form, I authorize my benefits or settlement proceeds to be deposited into my account in the financial institution named.	
<b>Depositor/Claimant Certification Signature</b>	<b>Date</b>
<b>Joint Account Holder Certification Signature</b>	<b>Date</b>

**SECTION 2 (TO BE COMPLETED BY FINANCIAL INSTITUTION)**

<b>Must be completed by your Financial Institution only</b> if directing funds into a savings account or if, for deposit into a checking account, a voided personal check is <u>not</u> attached. The claimant's name <b>MUST</b> appear on the account.	
<b>Name of Financial Institution:</b>	<b>Account Type:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>Depositor's Account Number</b> (EFT Format):	<b>Routing Number:</b>
As a representative of the above-named Financial Institution, I certify that this institution is ACH capable and agrees to receive and deposit the compensation payment to the account shown above. Compensation payments credited to the above account will be available to the depositor on payday.	
<b>Print or Type Representative's Name</b>	<b>Phone Number</b> (including area code):
<b>Signature of Representative</b>	<b>Date</b>