



KENTUCKY LABOR CABINET

Division of Workers Compensation Funds
Payment Branch

Suite 4, 1047 U.S. Highway 127 South
Frankfort KY 40601

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www.labor.ky.gov

Steven L. Beshear
Governor

Daniel Mongiardo
Lieutenant Governor

J. R. Gray
Secretary

Mark S. Brown
Deputy Secretary

Robert L. Whittaker
Director

DIRECT DEPOSIT SIGN UP FORM

Please fill out all information completely. Sign, date and mail form to: Kentucky Labor Cabinet, Division of Worker's Compensation Funds, 1047 US HWY 127 South, Ste. 4, Frankfort, KY 40601. Please allow up to 4 weeks for Direct Deposit to begin.

CLAIM NUMBER: _____

CLAIMANT'S NAME: _____ SS# _____

ADDRESS: _____

TELEPHONE NUMBER: () _____

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

(YOU MAY ATTACH A VOIDED CHECK HERE)

BANK NAME: _____

BANK ADDRESS: _____

BANK PHONE NUMBER: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

CHECKING OR SAVINGS: _____

SIGNATURE OF PAYEE: _____ DATE: _____

