
OHIO BUREAU OF WORKERS' COMPENSATION

**A.C.T. ENROLLMENT FORM AND
DIRECT DEPOSIT AUTHORIZATION**

INJURED WORKER INFORMATION:

Payee's First Name, Middle Initial, Last Name

Social Security Number

____ - ____ - _____

Claim Number (s): _____

ACCOUNT INFORMATION:

Financial Institution Name

City

State

Zip Code

Routing Transit or American Banking Association Number

Account Number

Account Type
(Checking or Savings)

Account Holder Name

IMPORTANT: Attach a voided check or personal deposit slip containing the banking information and account number to your completed ACT enrollment form. We must have either a voided check or savings deposit slip to process your ACT request.

I authorize BWC to begin direct deposit of my workers' compensation benefit payment(s). This direct deposit is to be placed into either my checking or savings account as indicated above. Also, I authorize withdrawal of any funds deposited in error. This authorization will remain in full force and effect until BWC has received written notification from me of its termination.

I agree, under the terms of this agreement, that direct deposit of my compensation payment(s) constitutes payment to me under the provisions of the Ohio Revised Code Section (ORC) 4123.67. By signing this form, I agree that I am entitled to these benefits and will promptly notify BWC should I become employed or otherwise ineligible to receive such benefits.

WARNING: If your payments under this authorization are to compensate you for total disability, you are not entitled to these payments if you are working. Working includes full or part-time employment. If you are receiving permanent or total compensation due to loss of two limbs and/or eyesight as provided for in Section 4123.58 of the Ohio Revised Code, this statement does not apply. Any person who obtains compensation from BWC by knowingly misrepresenting or concealing facts, making false statements or accepting compensation to which he or she is not entitled, is subject to felony criminal prosecution.

Injured Worker Signature

Date

Day-time Telephone Number