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| **To Return Via Secure Messaging System:** If you received this form via secure email – access that secure message and reply to it online. Attach this form to your reply.If you downloaded the form, or no longer have the secure email, contact your claim management team. They’ll be happy to send you an updated secure message to submit your ACH information. | **To Return Via Courier or Postal Mail:**Puget Sound WCTUPAttention: WCT Billing800 Oakesdale Avenue SWRenton WA 98057 |

If you’re completing this form by hand, please print clearly using dark ink. Please complete all data fields. Once completed: sign, date, and return via Secure Messaging or postal mail.

**CLAIMANT INFORMATION - Provide all information in this section for verification purposes:**

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| **Claim Number** | **Claimant Name** |
|  |  |
| **Your Name, if you are not the claimant (Last Name, First Name, Middle Initial)** |
|  |
| **Mailing Address Apartment/Suite/Mail Stop** |
|  |
| **City** | **State** | **Zip Code** |
|  |  |  |
| **Contact Phone Number Listed on Claim File (include area code)** | **Email Address Listed on Claim File** |
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|[ ]  **Cancellation: i want to cancel my ach processing and receive a paper check for my payments.** *Instructions: Sign and date at the bottom of this form. You do not need to complete other sections of this form.* |

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|[ ]  **New enrollment: i want to receive direct deposit for my payments.***Instructions: Complete the rest of this form. See example below for routing and account numbers.***I have provided a voided check or bank letter to verify my banking information:** [ ]  **YES** [ ]  **NO** |

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|[ ]  **Enrollment update: i want to update my bank information.***Instructions: Complete the rest of this form. See example below for routing and account numbers.***DO YOU HAVE AN EXISTING DIRECT DEPOSIT THAT NEEDS STOPPED UNTIL THE NEW DIRECT DEPOSIT IS SET UP? By selecting YES, I understand I will receive a paper check until the new direct deposit set up is completed.**[ ]  **YES** [ ]  **NO****I have provided a voided check or bank letter to verify my banking information:** [ ]  **YES** [ ]  **NO** |

**Bank Information**

In order to successfully transmit payment all items are required.

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| **Bank Name** | **Routing Number** |
|  |  |
| **Account Type – Checking or Savings** | **Account Number (This is not your debit/credit card number)** |
|  |  |
| **A close-up of a bank check  Description automatically generatedIdentifying routing and account numbers:****I Understand That:*** This authorization does not guarantee continuing benefits. To receive benefits, I must continue to meet legal requirements.
* This authorization is for banking or payment purposes only and has no effect on my claim.
* If I am not entitled to a payment, I understand I must return it.
* PSWCTUP can adjust my account for deposits made in error.
* PSWCTUP and the bank can cancel this agreement, with notice to me.
* This authorization cancels all prior payment method authorizations. This authorization will remain in effect until I cancel it in writing.
* If I have an attorney on file, my attorney must authorize in writing any changes to my payment method.
* If I knowingly give false information on this form, civil or criminal charges may be filed against me.
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| **Claimant Signature (Required)** |  | **Date** |