

## Payment Method Authorization Form

#### Return completed forms to:

Department of Labor and Industries PO Box 44834 Olympia WA 98504-4834 **Or fax to:** 360-902-4674

# This form cannot be submitted electronically (by email)

Please read the instructions on page two before completing this form. Print clearly using blue or black ink. Fill out this form completely, sign, date and return to the address or fax number listed above.

Claimant information (Fill out all information in this section for verification)					
Claim/Folio		Claimant Name			
Your Name (Last Name, First Name, Middle	Your Social Security Number				
Mailing Address		<u>.</u>			
City		9	State	Zip Code	
Date of Birth (required for debit cards)	Phone Number	Email address	s (optional)		
I want to receive a paper check for my payments. Fill in top portion of this form, sign and date at the bottom and submit.					
I want to receive an L&I de date at the bottom and su The issuing bank will send y	bmit.				
I want to receive direct de rest of the form. (See exar Do you have an existing direct de processed? Yes	mple for routing and accept deposit with L&I that  No	needs to be sto	opped befor	·	
I understand that:  This authorization does not guarantee continuing benefits. To get benefits, I must continue to meet legal requirements.  This authorization is for banking or payment purposes only and has no effect on my L&I claim.  If I am not entitled to a payment, I may need to return it.  L&I can adjust my account for deposits made in error.  L&I 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, L&I may file civil or criminal charges against me.					

Date: Form valid for 90 days

Signature (Required)



## Payment Method Authorization Instructions

PO Box 44834 Olympia WA 98504-4834

#### What can I use this form for?

Use this form to request a new payment method or to change your current payment method with L&I. Until your new option takes effect, you will continue to receive your benefits through your current payment method.

#### What are the payment options available?

- 1. Direct Deposit
- 2. L&I Debit Card
- 3. Paper Check

#### Who can complete this form?

The claimant or alternate recipient(s) authorized to receive benefits on an open or pension claim.

If you are an alternate recipient, complete **your** information in the person receiving payment section of the application.

If you're signing this form for a worker or alternate recipient, L&I **must** have legal documentation on file for the request to be processed (for example: power of attorney, guardianship paperwork, etc.).

#### When will my direct deposit start?

It can take up to **30 business days** for a direct deposit request to process.

#### **Direct deposit limitations:**

L&I can only make direct deposits into banks and credit unions in the United States and US territories.

#### How does the debit card work?

Once we receive your request, you'll receive a debit card from The issuing bank in about 10 business days. Once you activate your card, your benefit payments are deposited directly onto your debit card.

While there is no monthly service fee for using the L&I debit card, certain transactions may incur a fee. Fees are located on the Fee Schedule sent to you with the card.

www.usbankreliacard.com

#### Paper check:

If you are currently receiving a paper check and want to continue receiving a paper check, you don't need to complete this form.

#### How will I know my Direct Deposit or Debit Card payment method request is accepted?

Your receipt of payment into your bank account or onto your debit card is your notification of payment method acceptance.

If we are unable to process your form, you will be notified by phone or mail.

#### How do I update my address?

The address L&I has on file for **you must match** the information on this form.

You can update your address with L&I through the Claim Account Center online or by completing the <u>Address Change Request for Injured Workers</u>, <u>Crime Victims Address Change Request</u> or <u>Address Change Request for Pensioners</u> all of these forms can be found on www.Lni.wa.gov.

#### Still have questions about how to complete this form?

Call toll free 844-728-5204 or 360-902-4675 or email EBPServices@Lni.wa.gov.

#### Want to reduce your mail from L&I?

Check out www.Lni.wa.gov/eCorrespondence to see if you are eligible for e-Correspondence.

### U.S. Bank ReliaCard® Pre-Acquisition Disclosure Program Name: Washington State Government Programs

You have options as to how you receive your payments, including direct deposit to your bank account or this prepaid card. Ask your agency for available options and select your option.

Monthly fee <b>\$0</b>	Per purchase \$0	\$0 in-network \$2.50 out-of-network	Cash reload <b>N/A</b>		
ATM Balance Inquiry (in-network or out-of-network) \$0					
Customer Service (automated or live agent)			\$0 per call		
Inactivity			\$0		
We charge 3 other types of fees. Here are some of them:					
International Transaction			3%		
International ATM Withdrawal			\$2.50		

See the accompanying Fee Schedule for free ways to access your funds and balance information.

#### No overdraft/credit feature.

Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit cfpb.gov/prepaid. Find details and conditions for all fees and services inside the card package or call **1-855-279-2194** or visit **usbankreliacard.com**.

#### U.S. Bank ReliaCard® Fee Schedule

Program Name: Washington State Government Programs

All fees	Amount	Details		
Get cash	-			
ATM Withdrawal (in- network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass® ATM networks. Locations can be found at <u>usbank.com/locations</u> or <u>moneypass.com/atm-locator.html</u> .		
ATM Withdrawal (out- of-network)	\$2.50	This is our fee per withdrawal "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.		
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash off your card from a teller at a bank or credit union that accepts Visa®.		
Using your card outside the U.S.				
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.		
International ATM Withdrawal	\$2.50	This is our fee per withdrawal. You may also be charged a fee by the ATM operator even if you do not complete a transaction.		
Other				
Card Replacement	\$0	This is our fee per card replacement mailed to you with standard delivery (up to 10 business days).		
Card Replacement Expedited Delivery	\$15.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.		

Your funds are eligible for FDIC insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See *fdic.gov/deposit/deposits/prepaid.html* for details.

#### No overdraft/credit feature.

Contact Cardholder Services by calling **1-855-279-2194**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit *usbankreliacard.com*.

For general information about prepaid accounts, visit <u>cfpb.gov/prepaid</u>. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit <u>cfpb.gov/complaint</u>.

CR-54805461