



pennsylvania

DEPARTMENT OF LABOR & INDUSTRY
STATE WORKERS' INSURANCE FUND

Attn: Accounting 100 Lackawanna Avenue, PO Box 5100
Scranton, PA 18505-5100
www.dli.pa.gov

For Official Department Use Only

Date

Signature

CLAIMANT AUTHORIZATION FOR DIRECT DEPOSIT OF SWIF BENEFITS

(If you had direct deposit previously and your account information has changed since that time or you want to stop direct deposit, submit a new form as soon as possible. If your account information has not changed, **do not resubmit this form.**)

INSTRUCTIONS: Check boxes that apply and follow instructions. **Please use blue or black ink only and print, keeping characters within boxes provided.**

- Start or Change Direct Deposit
 - Checking Account Complete Part A and B and sign the form. **Include a voided check with the form or take the form to your financial institution** for the appropriate officer to verify and sign Part B. Return form as instructed below.
 - Savings Account Complete Part A and B and sign the form. Take the form to your financial institution for the appropriate officer to verify and sign Part B. Return form as instructed below.
- Stop Direct Deposit Complete Part A below, sign the form and return as instructed below.

Part A - to be completed by Claimant

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Telephone Number	CLAIM NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		
<input type="text"/>		
City	State	Zip Code + 4
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		
<input type="text"/>		
Name of Financial Institution		
<input type="text"/>		
Street Address		
<input type="text"/>		
City	State	Zip Code + 4
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part B

Account Number	Transit & Routing Number
<input type="text"/>	<input type="text"/>
Signature and Printed Title of Authorized Official	Telephone Number
<input type="text"/>	<input type="text"/>

I have read and understand the Authorization Statements on the reverse of this form and this form and I request the action noted above.

Claimant Signature _____

Date: ^M / ^D / ^{YEAR}

Return completed form to:

State Workers' Insurance Fund
Attn: Accounting
100 Lackawanna Ave.
PO Box 5100
Scranton, PA 18505-5100

FAX: 570-963-4260

RA-LISWIF-CLAIM-ACC@pa.gov
(please include "Direct Deposit" in the subject line of your email to expedite the handling of your request)



AUTHORIZATION STATEMENTS

I authorize the State Workers' Insurance Fund (SWIF), through the PA State Treasury Department (Treasury), to directly deposit my SWIF benefits to a separate or joint banking account listed in my name.

The instructions on this Form SWIF-180 to start, stop or change direct deposit of my benefits shall remain in effect for the remainder of this SWIF claim. I understand that the only way to change or stop direct deposit of SWIF benefits is to submit a new Form SWIF-180 to Treasury.

I understand that failure to notify Treasury of any change in financial institution or account may delay the receipt of my benefits.

I realize 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 authorize Treasury to receive information from my financial institution regarding my account to investigate and/or resolve any discrepancies or errors in the receipt of SWIF benefit payments.

In the event of an error in the direct deposit of my SWIF benefits to my account, I authorize SWIF, Treasury and my financial institution to correct the error in my account.

I understand that SWIF and Treasury are NOT responsible for errors in the bank transit routing number or in the account number as listed on the front of this form, and are not responsible in the event that the financial institution I have selected is not participating in the direct deposit program.

I understand that SWIF and Treasury are not responsible for fees charged against overdrawn accounts due to the non-receipt of SWIF benefits.

I also understand that all transactions with my account shall be governed by the Electronic Fund Transfer Rules and Procedures and the Automated Clearing House (ACH) rules of Treasury.

Five good reasons to choose direct deposit. Direct Deposit is:

- FAST - you will have your benefits sooner
- CONVENIENT - you don't have to take time to go to your financial institution each time you receive a benefit payment
- SAFE - benefits are directly deposited into your account preventing lost or stolen checks
- RELIABLE - benefits are deposited into your account, correctly and confidentially
- SIMPLE - easy to begin and may be changed or stopped by filling out a form