

Legal Representative Payment Method Authorization Form

Return completed forms to:

PO Box 44834

Olympia WA 98504-4834

Fax: 360-902-4674 Questions? Call toll free 844-728-5204 or 360-902-4675 or

Email: EBPServices@Lni.wa.gov

What can I use this form for?

Use this form to request a new payment method or change the payment method for the clients you represent. You can only select one payment method per form; however, you can update multiple claims using one form.

If you attach additional sheets, please type your list or print clearly. Please write your bank name and account number at the top and sign the additional sheets.

Who can complete this form?

Only authorized representatives, as documented in your Articles of Incorporation, Partnership Agreement or bank resolution, are allowed to sign this form. You will need to attach copies of your Articles of Incorporation, Partnership Agreement or bank resolution for verification.

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 in the United States and US territories. Deposits for Legal Representatives must be to IOLTA bank accounts.

L&I **cannot** make direct deposits to time-loss alternate recipients due to system limitations.

How will I know my Direct Deposit payment method request is accepted?

Your receipt of payment into your bank account is your notification of payment method acceptance.

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

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.

Please keep a copy of this form for your records.

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Please print clearly using blue or black ink. Fill out this form completely and sign.

Your information (All fields are required unless otherwise noted.)

Legal Group Name	Phone Number (include area code)	Fax Number (include area code)
Contact Name	Email address (optional)	
Mailing Address		
City	State	Zip Code

I want direct deposit for my payments.

Bank Name		
Routing Number	Bank Account Number	

I want to receive a paper check for my payments.

List all claim or folio numbers and the recipient names. Attach additional sheets if necessary. *Please write your bank name and account number at the top and sign the additional sheets.*

This payment method is for:

Claim or Folio Number	Recipient Name	Claim or Folio Number	Recipient Name

Signature (Required)

I understand that:

- This authorization does not guarantee continuing benefits. To get benefits, workers or recipients must continue to meet legal requirements.
- This authorization is for banking or payment purposes only and has no effect on L&I claims.
- If a payment is made in error, I may need to return it.
- L&I and the bank can cancel this agreement, with notice to me.
- This authorization cancels all prior payment method authorizations for listed claims. This authorization will remain in effect for those claims until I cancel it in writing.
- If I knowingly give false information on this form, L&I may file civil or criminal charges against me.

I am authorized on behalf of _____ to make this request.
Legal Group Name

I have attached the Articles of Incorporation, Partnership Agreement or bank resolution.

Authorized Signature (Required) Date