



peiw.com

888-472-9001

P.O. Box 85838 • San Diego, CA • 92186-5838

ACH/EFT Enrollment Authorization

Please complete all sections of this form. By doing so, you agree to authorize Preferred Employers Insurance and your financial institution to deposit your workers compensation indemnity payments automatically into your account.

Contact and Account Holder Information

Name:	
Claim Number:	
Email Address:	
Phone Number:	
Address:	
City:	
State:	
Zip:	

Banking Information

Bank Name:	
Bank Routing Number:	
Bank Account Number:	
Swift/IBAN, if applicable: (only needed for foreign bank account)	

Please attach a photo of a voided check so we can verify your account details. You can do this by writing the word "VOID" across a blank check, while leaving the printed numbers at the bottom of the check clear for verification.

I authorize Preferred Employers Insurance and the above Financial Institution to deposit my workers compensation indemnity payments automatically into my account. This authority is to remain in effect until Preferred Employers Insurance receives written notification from me of termination in such time and manner as to afford reasonable opportunity for action.	
_____	_____
Signature	Date

To update your direct deposit information or stop automatic deposits, please reach out to our team at efenrollment@peiw.com or call 888.472.9001.

For internal use only

Verbal ACH Confirmation

Spoke With (Name):		Date Verified:	
Phone Number:		Verified By:	