AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

Re: Injured Employee or Beneficiary: Claim Number: DWC Number: Date of Injury: Employer:

1.) Please select the appropriate action you wish Texas Mutual Insurance Company to take:

- () Begin sending my income benefit payments by Electronic Funds Transfer (EFT).
- () Stop sending my income benefit payments via Electronic Funds Transfer.
- () Please review and make the account changes listed below.

2.) Please provide your a	ccount information:	
Name of Financial Institut	ion:	
Address of Financial Instit	tution:	
City:	State:	Zip:
Electronic Routing Transi	t Number /ABA Number:	
*Please contact your fina	incial institution to verify yo	ur <i>electronic</i> routing transit number and account
number prior to submitt number printed on your Account Number:	ing this request. The correct checks and deposit slips.	t routing and account numbers may differ from the
number prior to submitt number printed on your Account Number:	ing this request. The correct checks and deposit slips.	t routing and account numbers may differ from the

4.) Please read and sign below:

I understand that the Texas Mutual Insurance Company will review my written request for EFT payments to determine if the duration of income benefits is sufficient to meet the requirements as outlined in rule 124.5. I understand that the electronic transfer of benefits will begin starting with the first benefit payment due on or after the 21st day after the requirements of subsection 124.5(g) are met. I authorize Texas Mutual Insurance Company to initiate credit entries to my account with the financial institution named above. This authorization will remain into effect until the earlier of :

- (1) The first working day after Texas Mutual Insurance Company receives a written request to terminate EFT, or
- (2) The point in which no further income benefits are due.

Print Name _____

Sign Name_____

Date

5.) Send completed request to:

Texas Mutual Insurance Company PO Box 12029 Austin, TX 78711 Attention: [ADJNAME]

With a few exceptions, an individual may upon request be informed about the information that the Texas Mutual Insurance Company collects about them, receive and review that information, and correct incorrect information. To learn more about the information that the Texas Mutual Insurance Company may collect, please call (800) 859-5995 and select the option to speak with an information specialist.