



ESIS®, Inc.
PO Box 5127
Scranton, PA 18505-5127

O 614.210.3747
F 800.208.8281
Email@esis.com

July 27, 2021

Claimant name
Address
City, State, Zip

RE:	Employee:	Claimant name
	Employer:	Employer name
	Date of Injury:	Date of Injury
	Claim Number:	Claim Number
	Underwriting Co:	Underwriting Company

COVER PAGE FOR MAILING

CC:

CC1 Name
CC1 Address
CC1 City, State Zip

CC2 Name
CC2 City, State Zip
CC2 Address

CC3 Name
CC3 Address
CC3 City, State Zip

CC4 Name
CC4 Address
CC4 City, State Zip

Enclosures:

Enclosures

Sincerely,

Adjuster Name
Adjuster Title
ESIS, Inc.



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**In order to expedite the handling of any matter,
please include the claim number on all
correspondence.**

RE: Employee: Claimant name
 Employer: Employer name
 Date of Injury: Date of Injury
 Claim Number: Claim Number
 Underwriting Co: Underwriting Company

ESIS is the authorized administrator for Underwriting Company and we are managing a claim on behalf of Employer name.

This letter is to inform you that direct deposit is now available for payment of your workers' compensation indemnity benefits. If you would like to have your ongoing payments deposited into your account directly, please review the attached informational sheet and complete the attached form.

Please return the completed form with a voided blank check to our office at PO Box 5127 Scranton, PA 18505-5127.

If you have any questions, you can reach me at the number listed above.

Sincerely,

Adjuster Name
Adjuster Title
ESIS, Inc.

DIRECT DEPOSIT AUTHORIZATION FORM

CONSENT TO ELECTRONIC TRANSACTIONS AND ELECTRONIC PAYMENT

By entering the information below, you Claimant name, Address City, State, Zip , (“Payee”), Claim Number Claim Number, acknowledge, agree and consent to the use by ESIS of electronic transactions, electronic payments, electronic signatures, and to the receipt of the electronic version of certain documents and records, to the extent permitted by law.

ESIS is offering you the option to receive your workers’ compensation benefit(s) payment(s) as electronic payment(s) via automated clearing house (direct) deposit into your checking or savings account. You acknowledge, agree and consent that if your claim is payable, you will be the Payee and that as such, you will receive and have the right to receive full payment of the claim settlement on behalf of all other parties, including third-party vendors and/or lien holders. Once ESIS makes the benefit payment to you as Payee, you understand that ESIS will not be responsible for paying any other party.

Payee has the right to cancel the direct deposit at any time by checking the appropriate box on this form and forwarding the completed form to **ESIS Northeast Workers’ Compensation Claims, P.O. Box 6566, Scranton, PA 18505-6566**. The request will be implemented within forty-five days of receipt of notice, and thereafter payment of benefits will be sent by paper check.

Beginning July 1, 2021, Payee has the right to have such payments deposited into at least two bank accounts at Payee’s request, either as a percentage of the total benefit or a fixed dollar amount for each deposit. ESIS may require a minimum amount of up to \$20 into each bank account.

ESIS will not impose any fees on you for choosing to accept your payment electronically, but your financial institution may impose a fee or charge. By providing the information below, you accept this offer and consent to receiving your benefit(s) payment(s) for this claim electronically. Opting in is voluntary. Your payments received through electronic transfer may be subject to attachment or garnishment if your account is subject to the same. Unclaimed funds are subject to the applicable laws concerning unclaimed property.

By entering the information below you also agree that your electronic signature is the legal equivalent of your manual signature on this document. This consent for electronic delivery and signature is effective until withdrawn by you. Doing business electronically will not affect the validity, legal effect or enforceability of any of your transactions with ESIS.

The Payee further acknowledges, agrees and consents as follows:

- Payee authorizes ESIS to directly deposit workers' compensation indemnity benefits or death benefits into the bank account(s) specified on Page 2 of this document.
- Payee authorizes ESIS to debit the account in order to recover any credits deposited in error. ESIS may recover credits deposited in error by any lawful means. **IMPORTANT:** This consent doesnot authorize ESIS to recover alleged over payments of established and awarded benefits.
- Payee understands that any change in his/her employment status may affect his/her right to receive benefits.
- Payee understands that any false statement or failure to disclose a material fact in order to obtain or increase benefits may result in criminal prosecution, disqualification from benefits, and repayment of any funds deposited to his/her account.
- Payee understands that the failure to notify ESIS of any change in financial institution or account may delay receipt of benefits or settlement proceeds.
- Payee understands that in order to change or cancel the direct deposit for his/her workers' compensation indemnity benefitsor death benefits, Payee needs to submit this form to ESIS.
- Payee understands that he/she has an obligation to immediately notify ESIS if he/she is no longer entitled to such payments, or of changes in circumstances which affect his/her entitlement to such payment.
- Payee understands that ESIS may require him/her to certify annually that he/she continues to elect the receiptof such benefits by direct deposit, and that if he/she fails to do so, ESIS may discontinue direct deposit and thereafter provide benefits by paper check.

Do not send to the Workers' Compensation Board. Please complete and return BOTH pages of the document to: ESIS Northeast Workers' Compensation Claims, P.O. Box 6566,

Scranton, PA 18505-6566.

New Enrollment

Change

Cancel

SECTION 1 (TO BE COMPLETED BY CLAIMANT)

Depositor/Claimant's Name (last, first):	WCB Claim Number:
Phone Number (Including area code):	E-mail Address:
Address:	
DEPOSITOR/CLAIMANT/JOINT ACCOUNT HOLDER CERTIFICATION	
I certify that I am entitled to receive the underlying compensation payments or death benefits and circumstances entitling me to benefits or death benefits have not changed. I understand that ESIS may request an annual certification of continued entitlement to such payments or benefits and that such certification must be provided within sixty days in order to continue payments by direct deposit.	
Depositor/Claimant Certification Signature	Date
Joint Account Holder Certification Signature	Date

Name of Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Amount or Percentage to be deposited:
Depositor's Account Number (EFT Format):	Routing Number (9 digits):
Address of Financial Institution:	Telephone:
Fax:	E-mail:

Name of Second Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Amount or Percentage to be deposited:
Depositor's Account Number (EFT Format):	Routing Number (9 digits):
Address of Financial Institution:	Telephone:
Fax:	E-mail: