# Pennsylvania SWIF Electronic Payment Option Selection

Payment Options Available:

You can choose how you receive your SWIF Workers' Compensation payments. Please mark your choice (pick only one) and mail this form to the address below.

**If you do not return this form with your choice of payment, your payments will continue as previously established.**

## ___Direct Deposit

Please complete the enclosed "Claimant Authorization for Debit Deposit of SWIF Benefits' form.

## ___Pennsylvania Chase MasterCard® Debit Card

I authorize the Department of Labor and Industry to credit by Workers' Compensation payments to the Pennsylvania Chase® debit card. The card will be sent to me by mail. My payments will be held by the bank until I withdraw them using my Pennsylvania Chase® debit card. I understand the Pennsylvania Debit Card is issued by Chase Bank pursuant to a license by MasterCard International Incorporated.

- We will use your choice for all payments we send you.
- If you later decide that you want to change how you receive your payments, send us a new form with your new choice. Once we get your new form, it takes 10 business days to make a change. You can get copies of this form at your District Office or our Customer Service Unit at 570-963-4635.

  Fill in this form, sign it, date it and return it to:

**Pennsylvania Department of Treasury**
**SWIF Operations**
**Room 400 Labor and Industry Building**
**7th and Forster Streets**
**Harrisburg, PA 17121**

**Accepting Workers' Compensation Benefits to which you are not entitled is in violation of the Workers' Compensation Act. Prosecution may result.**

(Choose one) ☐ **New enrollment** ☐ **Change in payment choice**

**Certification and enrollment information – All information below must be provided**.

Name: _____ Date of Birth: _____

Social Security Number: _____ Daytime Phone: (___)_____

Current Mailing Address: _____

Claim Number: _____

Signature: _____ Date: _____