Directions: Provide all of the information requested below. If you choose to accept the authorized payment, you must mail this form to OWCP within 60 days from the date of the letter.

AUTHORIZED PAYMENT

$

DIRECT DEPOSIT INFORMATION

1. Name Financial Institution		
2. Street Address		
3. City & Zip Code		
4. Phone Number		
6. Routing Number or ID#		
7. Account Number		
8. Type of Account	☐ **CHECKING**	☐ **SAVINGS**

CORRECTIONS

If the name, address, file number, or Social Security number (SSN) shown at the top of the first page of the accompanying letter is incorrect, provide the correct information in the space provided below. (Do not complete if already correct).

Name _____ SSN _____

Street Address _____

City, State and Zip Code _____

CERTIFICATION

I hereby certify that I have reported to OWCP any third party settlement I have received, any tort suit I have filed against a beryllium vendor or an atomic weapons employer, any information I have regarding survivors (if applicable), and any conviction for fraud against this program or any other federal or state workers' compensation law.

I understand that my acceptance of this compensation payment will be in full satisfaction of all claims I have against the United States, a Department of Energy contractor or subcontractor, a beryllium vendor, an atomic weapons employer, or any person with respect to that person's performance of a contract with the United States, arising out of an occupational illness covered by the EEOICPA.

Print Name _____

Signature _____ Date _____

Street Address _____ Current Telephone Number _____

City, State and Zip Code _____

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