



# Automatic Clearing House Transfer Application

Return completed form to:  
BrickStreet Administrative Services  
Claim Resolutions  
P.O. Box 1023  
Charleston, WV 25324

PLEASE CHECK THE APPROPRIATE BOX

Workers' Compensation

Coal Workers' Pneumoconiosis

PAYEE	Payee Social Security Number		
	Name		
	Address		
	City	State	Zip
	Telephone Number (include area code)		

FINANCIAL INSTITUTION	Name of Financial Institution	
	Branch / Location	
	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

A voided check for the bank account indicated **MUST** accompany this application

I hereby authorize BrickStreet Administrative Services, to initiate debit entries and to initiate, if necessary, credit entries as adjustments for any entries in error into my bank account indicated below and the Financial Institution named above, hereinafter called DEPOSITORY, to credit the same any amount(s) owed or due to me by BrickStreet Administrative Services. This authority is to remain in full force and effect until BrickStreet Administrative Services has received written notification from me of its termination in such time and in such manner as to afford BrickStreet Administrative Services and DEPOSITORY a reasonable opportunity to act on it.

Signature	Date
-----------	------

Payee Signature	Claim Number	Claimant Social Security Number
Claimant Name	Date	

BrickStreet Administrative Services ♦ P. O. Box 1023 ♦ Charleston, WV ♦ 25324-1023

**\*\*If this form is not completed in its entirety, it will be returned\*\***

Please see instructions on next page.