The **Federal** Long Term Care Insurance Program™

Claimant Authorization of Claims Payments via Electronic Funds Transfer

This form is for individual claimants to authorize the initiation of direct deposit of claims payments via electronic funds transfer (EFT) to a bank account or to change bank account information for an existing authorization. This form is only for individual claimants; providers who wish to establish direct deposit must use the Provider Authorization of Claims Payments via Electronic Funds Transfer form, which is available at **LTCFEDS.gov**.

Claimant's information

First name | M.I. | Last name

Social Security number

I authorize FedPoint to electronically credit my account and, if necessary, electronically debit my account to correct erroneous credits. I agree that the Automated Clearing House transactions I authorize comply with all applicable law. I understand that the insured individual who is collecting benefits through the Federal Long Term Care Insurance Program (FLTCIP) must be named on the bank account provided for direct deposit.

Banking information

Financial institution's name

Account type: ☐ **Checking** ☐ **Savings**

Routing number | Account number

With the submission of this form, please provide a voided check from the account listed above that includes the account holder's name.

I understand that I may revoke this authorization at any time by notifying FedPoint in writing at **FLTCIP, Attn: FedPoint, P.O. Box 797, Greenland, NH 03840-0797**. FedPoint requires notice of at least five business days in order to cancel this authorization. In the event I cancel direct deposit of claims payments, future claims payments will be made via paper check.

Note: A handwritten signature is required.

Signature (claimant or legal representative)

(Required) **Date signed** ____ / ____ / ____ (Required: mm/dd/yyyy)

Please return your completed authorization form and a voided check by email to **claimsinfo@ltcfeds.gov,** by fax to **1-866-513-2674,** or by mail to **FLTCIP, Attn: FedPoint, P.O. Box 797, Greenland, NH 03840-0797**.