

[Date]

[Claimant Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**RE: Confirmation of Change in Payment Method**

Claim Number: [Claim Number]

Date of Injury: [Date of Injury]

Dear [Claimant Name],

This letter is to confirm that we have processed your request to change the method of delivery for your workers' compensation benefit payments.

Your previous payment method ([Old Method, e.g., Paper Check]) has been deactivated. Effective [Start Date], your benefits will be issued via [New Method, e.g., Direct Deposit / Debit Card].

**Updated Payment Details:**

- Payment Method: [New Method]
- Financial Institution: [Bank Name]
- Account Ending In: [Last 4 Digits]

Please allow [Number] business days for the new payment method to become fully active. Depending on your financial institution, it may take additional time for funds to appear in your account.

If you did not authorize this change, or if you notice any discrepancies in the information listed above, please contact your claims examiner immediately at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]

[Title]

[Company Name]