



Direct Deposit Application – Care Providers

To start or change direct deposit Start direct deposit Change direct deposit

A. Identification section

Care provider name	Email address
Care provider type	Phone number (include area code)
Care provider number	Clinic number(s) (If applicable)

B. Direct deposit information (choose one option)

- Please include a voided cheque **OR**
- Have someone from your bank complete, sign and stamp a bank deposit request form.

Attach voided cheque here:

Name / Nom P.O. Box / C.P. 000 City / Ville, Canada H0H 0H0	Example / Exemple	Cheque No. N° de chèque	0000000
Pay to the order of Payez à l'ordre de			\$ _____ Dollars
		Signature _____	

C. Signature

By signing this form, I give the Saskatchewan Workers' Compensation Board permission to credit payments to my account. If I change or close my account, I will let the WCB know in writing to avoid any delay in payment.

Care provider signature	Print name
Title (If applicable)	Date (yyyy-mm-dd)

Personal information on this form is collected for the purposes of administering a workers' compensation claim by the WCB Saskatchewan in accordance with the Workers' Compensation Act, 2013 and the Freedom of Information and Protection of Privacy Act. For further information, please contact the Saskatchewan Workers' Compensation's Privacy Officer at the address listed above or call 1.800.667.7590.

