



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)

- Complete form, attach voided cheque and fax to the WCB at 306.787.4234 **OR**
- Ask your bank to complete, sign and stamp a deposit request form and fax to the WCB.
- Email to Internet_Finance@wcbask.com

Attach voided cheque here:

Name / Nom P.O. Box / C.P. 000 City / Ville, Canada H0H 0H0	Example / Exemple	Cheque No. N° de chèque	000000
Pay to the order of Payez à l'ordre de	"Void" «Nul»	\$	
			Dollars
		Signature	
999 1:99999 999: 999 999 9			

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 (mm-dd-yyyy)

Personal information on this form is collected for the purposes of administering a workers' compensation claim by the Saskatchewan WCB 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.

