

How to use Adobe Reader to fill and sign your direct deposit form

You can use Adobe Reader to fill and sign the WCB's direct deposit forms online.

1. Download the PDF file of the direct deposit form and save the PDF to your computer.



2. Open the file with Adobe Reader. At the top right hand corner of the document, click "Fill and sign".



3. Once you have opened the "Fill and sign" option, click on the "Add Checkmark" box to add a check mark to either "Start direct deposit" or to "Change direct deposit."



4. Next, you will need to choose the "Add text" option to fill in the remaining information in the form. Once you have chosen "Add text", you can place your cursor on the fields in the form and start typing.

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	200-1881 Scarth St. Regina, SK S4P 4L1	XXXXXXXX Email address	306-787-4370	

To complete the form, you will next click on the "Place Signature" option to sign the form. Once you click on the "Place Signature" option, a dialogue box will appear with five options. Choose the "Type my signature" option. Then a box will appear.

	Actoinewan Please complete and return to: Actor A	v Fill & Sign Tools T Add Text ✓ Add Checkmark
	Direct Deposit Application – Customers	LM Place Initials
	Place Signature >	
To start or change di A. Identification sectio Last name Worksafe	Type my signature Use a webcam (New!) Draw my signature	Place Signature Work with Certificates
Address	O Use an image	
200-1881 Sca Regina, SK	Use a certificate	
B. Direct deposit inform	To continue, click Next, and then click on the digital signature field you would like to sign, or draw where you would like the signature to appear. Once you finish dragging out the desired area, you will be taken to the next step of the signing process.	

5. Type your name into the box and click "Accept".

	Place Signature	×
	How would you like to create your signature? () Type my signature Use a webcam (New!)	
	O Draw my signature	
	O Use an image	
(Enter Your Name: WorkSafe Bob	
	Review Your Signature:	
	LILC C RI	
	WorkSafe Bob	
	Change Signature Style (Style 1 of 4)	
	Accept Cancel	

6. Click on the signature field to place your signature on the form.

	Dollars Signature ⊮¶∎
C. Signature By signing this form, I give the Saskatchewan Workers' Compensat	ion Board permission to credit payments to
Customer signature WorkSafe Bob	v in writing to avoid any delay in payment. Date (mm-dd-yyyy)
Personal information on this form is collected for the purposes of administering a workers' o accordance with The Workers' Compensation Act, 2013 and The Freedom of Information an contact the Saskatchewan Workers' Compensation's Privacy Officer at the address listed at	nd Protection of Privacy Act. For further information, pleas
Updated: 10/18	nussion Zero

7. Next, you will need to save the file. On the top right-hand corner of the document, go to the "File" option and click "Save" to save the form.

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			Worksafe	Bob	
5 W:\2017_WBC_Final (0th signed page.pdf			Address	Claim number	Phone number (include area code)
Exit	Ctrl+Q		200-1881 Scarth St.	XXXXXXXXX	306-787-4370

8. A dialog box will open. Notice where the file will be saved on your computer. Then click "Save".



9. Now you can email the form to the WCB at <u>Internet_Finance@wcbsask.com</u>. You must print the completed form if you want to fax or mail it to the WCB. For mailing and fax information, see the top of the form.

