

Direct Deposit Application – Customers

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

A. Identification section

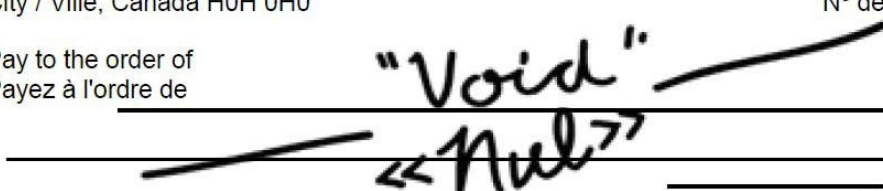

Last name	First name	
Address	Claim number	Phone number (include area code)
	Email address	

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

Note: This banking information will be used for all current and future claims unless otherwise advised.

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.

Customer signature	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.

