

## Direct Deposit Application – Employers

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

### A. Identification section

Firm name	Firm number	
Address	Site/location (if applicable)	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](mailto: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	<b>Example / Exemple</b>	Cheque No. N° de chèque	0000000
Pay to the order of Payez à l'ordre de	<p style="font-size: 2em; font-family: cursive;">"Void"</p> <p style="font-size: 2em; font-family: cursive;">«Nul»</p>		\$ _____ Dollars
		Signature	

### C. Signature

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

Employer signature	Print name
Title	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.