

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 <i>(include area code)</i>
	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@wcbsask.com

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

Attach voided cheque here:

Name / Nom	Example / Exemple	Cheque No.	0000000
P.O. Box / C.P. 000		N° de chèque	
City / Ville, Canada H0H 0H0			
Pay to the order of	"Void"	\$	
Payez à l'ordre de	<<Null>>		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 <i>(mm-dd-yyyy)</i>

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.

