

Direct Deposit Application – Workers

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			\$ _____
	Signature		_____ Dollars

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)
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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.