



Direct deposit is convenient and secure. Enrolling is easy.
 Please complete, sign and return this form.

Vendor Employer

Complete all sections

Vendor's/Employer name		Vendor/Firm number		
Vendor/Employer contact's last name		Vendor/Employer contact's first name		
Mailing address		City / Town	Province	Postal code
Primary telephone ()	Cell ()	Email		

Banking Deposit Information

Please attach a blank cheque for your bank account with "VOID" written on it.
 OR
 If you don't have a chequing account, please have your financial institution complete this next section.



Transit No. Institution No.

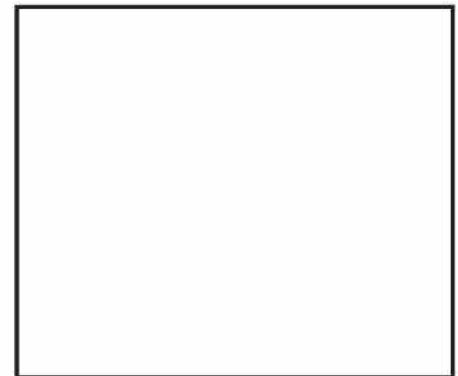
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Account No.

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Name(s) of account holder(s)

Financial Institution Stamp Here



Year	Month	Day

I, as the vendor/employer, am entitled to receive payment(s) from WorkplaceNL and authorize WorkplaceNL to deposit the payment(s) directly into my account until further notice.

 X
Authorized signature

This information is collected under the authority of the Workplace Health, Safety and Compensation Act, 2022 to process benefits/payments. For more information, please see WorkplaceNL's Policy GP-01: Information Protection, Access and Disclosure available on workplacnl.ca or by calling 1.800.563.9000.

Early and safe return to work benefits everyone.

Stay connected with the workplace to determine if recovery at work is right for the injured worker and employer.