



MAIL FORM TO:
146-148 Forest Road
P.O. Box 9000 St. John's NL A1A 3B8
CALL US AT:
709.778.1000
1.800.563.9000

FAX FORM TO:
709.778.1302
1.800.276.5257

VISIT US AT:
workplacnl.ca

DIRECT DEPOSIT
AUTHORIZATION
WORKERS

To ensure benefits are paid in a timely manner, direct deposit information can be provided using one of the following methods:

- 1. Visit www.myworkplacnl.ca. Select Submit Documents and Requests.
2. Complete sections A and C and attach a void cheque or pre-authorized payment form (available from your financial institution).
3. Complete form below including account information and stamp from your financial institution.

Section A: Worker information

Form for Section A: Worker information. Fields include: Worker's last name, Worker's first name, Initial, Claim number (if known), Mailing address, City / Town, Primary phone, Work phone, Province, Postal code.

Section B: Account information (not required if void cheque or pre-authorized payment form attached)

Form for Section B: Account information. Fields include: Transit No., Institution No., Account No., Name(s) of account holder(s), and a large box for Financial Institution Stamp Here.

Section C: Signature

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

X
Signature of worker/dependent

Form for date: Year, Month, Day

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