

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

1. Use the MyWorkplaceNL online portal for fast, simple and secure service. Visit MyWorkplaceNL.ca and 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 sections A, B and C in full. If a void cheque is not provided, this form must be stamped by your financial institution.

Section A: Worker information

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)

Transit No.	Institution No.	Financial Institution Stamp Here
Account No.		
Name(s) of account holder(s)		

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

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 workplacenl.ca

Year	Month	Day