

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

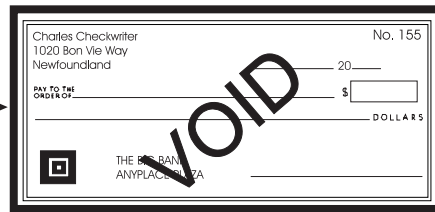
☐ Vendor ☐ Employer

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)

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 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.

Financial Institution Stamp Here

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Year Month Day

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.