August 2026

WorkplaceNL

MAIL FORM TO:
P.O. Box 9000 St. John's, NL A1A 3B8

CALL US AT:
709.778.1000
1.800.563.9000

VISIT US AT:
workplacenl.ca

VENDORS EMAIL or FAX FORM TO:
purchasing@workplacenl.ca
709.778.1596

EMPLOYERS EMAIL or FAX FORM TO:
clearance@workplacenl.ca
709.778.1110

DIRECT DEPOSIT AUTHORIZATION VENDOR/EMPLOYER

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

☐ Vendor ☐ Employer

Complete all sections

Vendor/Employer name			Vendor/Firm number
Vendor/Employer contact's last name	Vendor/Employer contact's first name		
Mailing address	City	Prov.	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.

Account No.

Financial Institution Stamp Here

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

Year Month Day

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 workplacenl.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.