



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.

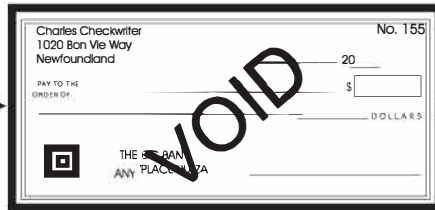
Vendor ☐ Employer ☒

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.

Name(s) of account holder(s)

Financial Institution Stamp Here

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 workplacenl.ca or by calling 1.800.563.9000.

Year	Month	Day
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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.