WorkplaceNL

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

FAX FORM TO:
WORKERS:
709.778.1302
EMPLOYERS:
709.778.1110
VENDORS:
709.778.1596

VISIT US AT:
workplacenl.ca

DIRECT DEPOSIT AUTHORIZATION

WorkplaceNL is moving to direct deposit for all payments we issue.

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

Injured Workers: complete sections 1 and 3 only.

1 WORKER

Worker's last name	Worker's first name	Initial	Claim number (if known)

Mailing address

City / Town

Home telephone	Work telephone	Province	Postal code

Employers/Vendors: complete sections 2 and 3 only.

2 EMPLOYER/VENDOR

Employer/Vendor's name		Firm/Vendor number

Employer/Vendor contact's last name	Employer/Vendor contact's first name	Initial

Mailing address

City / Province / Postal code

Home telephone	Cell	Email

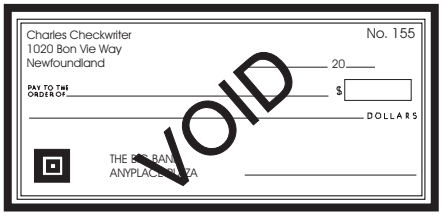
Banking Deposit Information

3

Transit No. | Institution No.

Account No.

Please attach a blank cheque for your bank account with "VOID" written on it. If you don't have a chequing account, please have your financial institution complete this next section.



Financial Institution Stamp Here

Name(s) of account holder(s)

I, as the worker/dependent or authorized representative of the Vendor/Firm, entitled to receive payment(s) from WorkplaceNL authorize WorkplaceNL to deposit the payment(s) directly into my/the Vendor's/Firm's account until further notice.

Authorized Signature

This information is collected under the authority of the *Workplace Health, Safety and Compensation Act* to process benefits/payments and manage your claim. 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

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.