

WorkplaceNL

Health | Safety | Compensation

INFORMATION ABOUT OUR BANK:

Electronic Funds Transfer Information Sheet

Company Name: Workplace Health, Safety and Compensation Commission

Company Address: 146-148 Forest Road
P.O. Box 9000
St. John's, NL
A1A 3B8

Contact Person: Pam Miller
Telephone: (709) 778-1550
Fax: (709) 778-1596
Email address: finance.department@workplaceni.ca

Name of Bank: Royal Bank of Canada
Bank Address: 226 Water Street
St. John's, NL
A1C 1A9

Banking Name
& Number: 003
(Routing code)

Bank Transit #: 09453

Swift Code: ROYCCAT2
(if required)

Account Number: 1417559

Account Name: WorkplaceNL




Carla Barnes
Manager of Accounting



Set up Direct Deposit / Pre-authorized payment Form

Re: Direct Deposit / Pension

By signing below, I hereby request my payroll to be directly deposited into the account indicated below.

Workplace NL 146-148 FOREST RD PO BOX 9000 ST JOHN'S NL A1A3B8		_____ YYYY	_____ MM	_____ DD
Client Name and Address PAY TO THE ORDER OF _____ \$ _____ /DOLLARS				
 ROYAL BANK OF CANADA MAIN BR - ST JOHNS NL 226 WATER ST ST JOHNS NL A1C 1A9		<h1>VOID</h1>		
Assigned Transit Address MEMO _____				
		09453 - 003 - 141-755-9 Transit Account Number		

Signature _____

Date (YYYY/MM/DD) _____

Please do not write in this area