

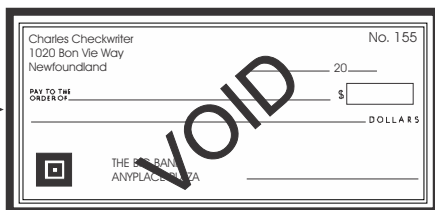
Direct deposit is convenient and secure. Enrolling is easy.
Please complete, sign and return this form.

Complete all sections

Worker's last name	Worker's first name	Initial	Claim number (if known)
Mailing address		City / Town	
Primary telephone	Work telephone	Province	Postal code

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)

Financial Institution Stamp Here

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I, as the worker/dependent, am entitled to receive payment(s) from WorkplaceNL and authorize WorkplaceNL to deposit the payment(s) directly into my account until further notice.

X

Signature of worker/dependent

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.