

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

FAX FORM TO:
 709.778.1302
 1.800.276.5257

VISIT US AT:
 workplacenl.ca

**DIRECT DEPOSIT
 AUTHORIZATION
 WORKERS**

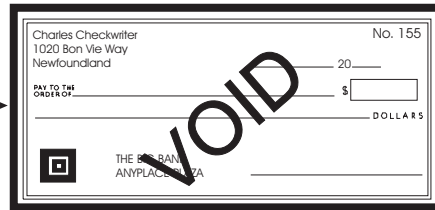
Direct deposit is convenient and secure. Enrolling is easy.
 Please complete, sign and return this form.

Complete all sections

Worker's last name	Worker's first name	Initial	Claim number (if known)
Mailing address		City / Town	
Primary phone	Work phone	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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Year Month Day

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.

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.