

# DIRECT DEPOSIT REQUEST - WORKER



14 Weymouth St, PO Box 757, Charlottetown, PE C1A 7L7

[wcb.pe.ca](http://wcb.pe.ca)

Phone: 902-368-5680

Toll-free: 1-800-237-5049

Fax: 902-368-5696

## SECTION A: WORKER INFORMATION

Claim Number:	Worker's Name:	
Address:		Phone Number:
Email address:		
City:	Province:	Postal Code:

## SECTION B: INSTRUCTIONS FOR THE WORKER

1. Complete all information on the form.
2. Sign the form.
3. Attach one of the following:
  - copy of a blank cheque. Print "VOID" across the front of the cheque.
  - banking information (Institution Number, Transit Number and Account Number) obtained through your financial institution.
4. Send the completed form with attachments to the Workers Compensation Board via email, mail or drop off at our office.

## SECTION C: WORKER AUTHORIZATION

Worker's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

I authorize the Workers Compensation Board to deposit payments I am entitled to receive from them into my account. I understand I must notify the Workers Compensation Board if I change or close my bank account.

Information on this form is collected for the purpose of making direct deposits to your bank account and is collected under the authority of section 31 of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection of information, please contact: FOIPP Coordinator, Workers Compensation Board of PEI, 14 Weymouth Street, PO Box 757, Charlottetown PE C1A 7L7, 902-368-5680 or toll-free at 1-800-237-5049.

If you have any questions about direct deposit, please contact Worker Services via email at [workerservices@wcb.pe.ca](mailto:workerservices@wcb.pe.ca), or by phone at 902-368-5680 or toll-free at 1-800-237-5049.