



## DIRECT DEPOSIT REQUEST - WORKER

P.O. Box 757, 14 Weymouth Street, Charlottetown, PE C1A 7L7 www.wcb.pe.ca  
Phone: (902) 368-5680 Toll-free: 1-800-237-5049 Fax: (902) 368-5696

### SECTION A: WORKER INFORMATION

Case ID:	Worker's Name:	
Address:	Phone Number:	
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.

### 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, P.O. Box 757, Charlottetown, PE C1A 7L7, (902) 368-5680 or toll free at 1-800-237-5049.

Question about the direct deposit may be directed to Workplace Services at (902) 368-5680 or toll free at 1-800-237-5049.