



DIRECT DEPOSIT REQUEST - VENDOR

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: APPLICANT INFORMATION

Company Name (Vendor): _____

Contact Name: _____

Email: _____

Address: _____

Phone Number: _____

City: _____

Province: _____

Postal Code: _____

SECTION B: INSTRUCTIONS FOR THE APPLICANT

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: AUTHORIZATION

On applying for Direct Deposit by signing below, I acknowledge that my company's cheque vouchers for reconciling payments will only be available within WCB Online Services, and they will no longer be mailed to my company.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date Signed: _____

I authorize the Workers Compensation Board to deposit payments directly into the vendor's account until further notice.

Information on this form is collected for the purpose of making direct deposits to the vendor's 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.

Questions about the direct deposit may be directed to the Finance Section of the Workers Compensation Board at (902) 368-5680 or toll free at 1-800-237-5049.