

**SECTION A: APPLICANT INFORMATION**

Company Name (Vendor):  
(Provider #)

Contact Name:

Email:

Address:

Phone Number:

City:

Province:

Postal Code:

**SECTION B: BANK INFORMATION**

Bank Name:

Address:

City:

Postal Code:

Transit Number:  
00000

Account Number:

Institution Number:  
000

**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.