



1 Portland Street, P.O. Box 160 Saint John, N.B. E2L 3X9 Phone 506 632-2200 Toll-free 1 800 222-9775 Fax 1 888 629-4722

DIRECT DEPOSIT ENROLMENT FORM

Complete all fields unless noted.

Please inform WorkSafeNB immediately if there is a change in your contact or banking information.

PART A – Identification					
Last Name Claim Number Initial(s) Address City/Town Province Postal Code					
PART B — Banking Information					
I've attached a voided cheque or a direct deposit form from my financial institution (no need to complete banking information below). If you attach a voided cheque please clearly write " VOID " on the front of it.					
Branch/Transit # Institution # Account # See page 2 for help finding numbers 5 digits 3 digits 7 digits - if number is longer, provide last 7 digits only Name(s) of Account Holder(s) Financial Inst. Name, Address & Postal Code					
(Stamp may be used)					
PART C – Consent					
Provision of the personal information, including your Social Insurance Number (SIN), is pursuant to <i>Department of Public Works and Government Services Act, s. 5, s.11</i> and the <i>Financial Administration Act, ss. 35(2)</i> . The Receiver General will use and disclose information to the federal institutions identified in Part B and to your financial institution to issue direct deposit payments, but will not disclose your SIN to your financial institution. Your personal information will be protected, used and disclosed in accordance with the <i>Privacy Act</i> , and as described in Personal Information Bank PWGSC PSU 712, Receiver General Payments. Under the Act, you have the right to access and correct your personal information, if erroneous or incomplete.					
I, the undersigned, have read the privacy notice and consent to the collection, use and disclosure of my personal information as described above.					
I authorize WorkSafeNB to deposit my compensation payments into my account by direct deposit. I understand that my acceptance of each amount directly deposited acknowledges entitlement to the benefit or services for which payment is made.					
Signature* Date					
DD/MM/YR					

^{*} Please sign by hand after the form is completed and printed. Your signature is not required if submitted through secure MyServices email.

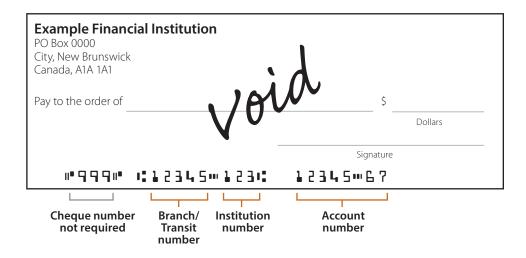


DIRECT DEPOSIT ENROLMENT FORM

Instructions

Find your Branch/Transit, Institution and Account Numbers:

You'll find the banking numbers needed for direct deposit at the bottom of your cheques. See the example below. Alternatively, you may find the numbers by visiting your financial institution's website and viewing the "Direct Deposit" or "Pre-authorized Payment" tabs. (Naming conventions may vary.)



If you are unable to provide a voided cheque or a completed direct deposit form from your financial institution, please ensure you have provided accurate and complete banking information. Incomplete information will result in delays.

Update your banking information:

Please complete a new Direct Deposit Enrolment Form (this same form). To avoid any potential problems during the transition from one account to another, we recommend that you keep the old account open until you see that the update has taken place and your funds are being deposited in the new account.

Update contact information:

Please inform WorkSafeNB immediately if there is a change in your mailing address or phone numbers by calling 1 800 222-9775. Please do not use this form to update address and phone number information, as this form is reserved for deposit account information enrolment or updating.

For fast conversion to direct deposit please send your completed form through secure MyServices email.

If sending by mail or fax, or delivered in person, complete the information, save and print. Sign the form and include any necessary documents.

WorkSafeNB

1 Portland Street, P.O. Box 160, Saint John, N.B. E2L 3X9 Fax to: 1 888 629-4722

You may also mail or drop off your completed Direct Deposit Enrolment Form at one of our five regional offices:

Bathurst	Dieppe	Fredericton	Grand Falls	Saint John
Place Bathurst Mall	30 Englehart St., Suite F	500 Beaverbrook Court, Suite 410	166 Broadway Blvd., Suite 300	Place 400
1300 St. Peter Avenue, Suite 220	Dieppe, N.B.	Fredericton, N.B.	Grand Falls, N.B.	400 Main St., Suite 2094
Bathurst, N.B.	Telephone: 506 867-0525	Telephone: 506 459-6493	Telephone: 506 475-2550	Saint John, N.B.
Telephone: 506 547-7300	Fax: 506 859-6911	Fax: 506 453-7982	Fax: 506 475-2568	Telephone: 506 632-2333
Fax: 506 547-7311 or 506 547-2982				Fax: 506 632-2210

Need help with this form?

Call 1800 222-9775 (toll-free) Monday-Friday from 8 a.m. to 5 p.m. or consult your financial institution.