



# DIRECT DEPOSIT REGISTRATION FORM

- Start Direct Deposit       Change Direct Deposit       End Direct Deposit

## Section 1: Service Provider Information

Provider \_\_\_\_\_  
Provider \_\_\_\_\_  
# \_\_\_\_\_ (Payee # assigned by WorkSafeNB)      Tel. # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

## Section 2: Banking Information

- Chequing Account      Or       Deposit Account

If a chequing account, please submit a blank pre-printed cheque with "VOID" marked across it.

### Financial Institution Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Branch Number  _ _ _ _ _ _ _	Bank ID  _ _ _ _	Account Number (up to 12 characters)  _ _ _ _ _ _ _ _ _ _ _ _
---------------------------------	---------------------	--

## Section 3: Authorization (Must be completed)

I hereby authorize WorkSafeNB to deposit our payment for services by direct deposit into the above note bank account. I will advise WorkSafeNB of any changes to banking information and agree that this authorization is to remain into effect until the appropriate signing officer(s) submit a cancellation in writing.

Name _____	Name _____
Title _____	Title _____
Contact # _____	Contact # _____
Signature _____	Signature _____

Once this form has been completed, please fax to: 506 738-4099, Attention : Valerie Galbraith

