

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 | <input type="text"/> | Claim Number | <input type="text"/> |
| First Name | <input type="text"/> | Initial(s) | <input type="text"/> |
| Address | <input type="text"/> | | |
| City/Town | <input type="text"/> | Province | <input type="text"/> |
| | | Postal Code | <input type="text"/> |

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).

I am NOT attaching a voided cheque. I am providing banking information.

If you attach a voided cheque please clearly write "VOID" on the front of it.

| | | | | | | |
|------------------------------|----------------------|---------------|---|-----------|--|-------------------------------------|
| Branch/Transit # | <input type="text"/> | Institution # | <input type="text"/> | Account # | <input type="text"/> | 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) | <input type="text"/> | | Financial Inst. Name, Address & Postal Code | | | |
| | <input type="text"/> | | <input type="text"/> | | | |
| | <input type="text"/> | | | | | |

(Stamp may be used)

PART C – Consent

Provision of the personal information, including your Social Insurance Number (SIN), is pursuant to *Department of Public Works and Government Services Act, s. 5, s.11* and the *Financial Administration Act, ss. 35(2)*. 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 *Privacy Act*, 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.

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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.)

Example Financial Institution
PO Box 0000
City, New Brunswick
Canada, A1A 1A1

Pay to the order of _____ \$ _____ Dollars

void

Signature

⑈ 9 9 9 ⑈
⑆ 2 3 4 5 ⑈
⑆ 2 3 ⑆
⑆ 2 3 4 5 ⑈ 6 7

┌──────────┐
Cheque number
not required

┌──┐
Branch/
Transit
number

┌──┐
Institution
number

┌──────────┐
Account
number

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

Place Bathurst Mall
1300 St. Peter Avenue, Suite 220
Bathurst, N.B.
Telephone: 506 547-7300
Fax: 506 547-7311 or 506 547-2982

Dieppe

30 Englehart St., Suite F
Dieppe, N.B.
Telephone: 506 867-0525
Fax: 506 859-6911

Fredericton

500 Beaverbrook Court, Suite 410
Fredericton, N.B.
Telephone: 506 459-6493
Fax: 506 453-7982

Grand Falls

166 Broadway Blvd., Suite 300
Grand Falls, N.B.
Telephone: 506 475-2550
Fax: 506 475-2568

Saint John

Place 400
400 Main St., Suite 2094
Saint John, N.B.
Telephone: 506 632-2333
Fax: 506 632-2210

Need help with this form?

Call 1 800 222-9775 (toll-free) Monday-Friday from 8 a.m. to 5 p.m. or consult your financial institution.