

## DIRECT DEPOSIT ENROLMENT FORM: WORKER

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			
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.

## 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.)

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

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

void

\_\_\_\_\_  
Signature

⑈9999⑈
⑆ 2345 ⑆
⑆ 23⑆
⑆ 2345 ⑆ 67

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 1 800 999-9775. 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, 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

#### Need help with this form?

Call 1 800 999-9775 (toll-free) Monday-Friday from 8 a.m. to 5 p.m. or consult your financial institution.