

**REQUEST FOR DIRECT DEPOSIT IN CANADA — PROVIDER**

Please complete and return this form to:

**CORPORATE & HEALTH CARE PURCHASING**

Phone 604 276-3344

**FAX****604 276-3260**Attn: Corporate & Health  
Care Purchasing**MAIL**

WorkSafeBC

Corporate & Health Care Purchasing  
PO Box 5350 Stn Terminal  
Vancouver BC V6B 5L5

If you require any assistance, please contact WorkSafeBC Corporate &amp; Health Care Purchasing by phone.

**Identification section**

Legal business name	Trade/other business name	
Head office address	Payee number	Email address
	Phone number <i>(please include area code)</i>	

<b>To start or change direct deposit</b>	Start direct deposit <input type="checkbox"/>	Change direct deposit <input type="checkbox"/>
--	---	--

In order to use our Direct Deposit program, the following information is required:

1. Your business name must appear on the account.
2. The account number you have provided is with a branch of a Canadian financial institution, located in Canada (i.e., cannot be an off-shore account)
3. Include a sample "voided" cheque **OR** have a representative from the branch that you deal with complete, sign, and stamp this form in the space below.

**Direct deposit information**

Financial institution information		For Bank/Trust Company/Credit Union: Please stamp here	
Name of financial institution			
Institution ID number <i>(3-digit minimum)</i>			
Transit ID number <i>(5-digit minimum)</i>			
Account number <i>(7-digit minimum)</i>			
Address			
City	Postal code	Initials	Date <i>(yyyy-mm-dd)</i>

**My signature on this document authorizes WorkSafeBC to make changes as noted above and to obtain current address information at any time from the branch of the financial institution where my direct deposit is made.**

This authority is to remain in effect until Corporate &amp; Health Care Purchasing has received written notification to cancel this request.

Authorized business signature	Print name
Title	Date <i>(yyyy-mm-dd)</i>

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

