



Our direct deposit program is available to anyone in Canada who receives benefit payments. If you would like us to deposit your payments directly into your bank account, please complete and return this form to us.

If you prefer, you can sign up for direct deposit on our website. Simply go to worksafebc.com, select Log in/Create an account from the home page, and follow the instructions on the screen. You'll need your Customer Care number, which you'll find at the top of most letters we send, and your Personal Access number, which we mailed to you when your claim was initiated.

Applicant's information

Last name	First name	Middle initial	WorkSafeBC claim number	
Current address		City	Province	Postal code
Email address				

Would you like to Start direct deposit Change an existing direct deposit arrangement

In order to set up direct deposit:

- Your name must appear on the account.
- The account number you provide must be with a branch of a Canadian financial institution, located in Canada (it cannot be an off-shore account).
- We need either a sample void cheque or to have a representative from the branch that you deal with complete, initial, and stamp this form in the space below.
- We need this form to be completed and signed.

Once your direct deposit has been set up:

- We'll use this banking information for all current and future claims unless otherwise advised.
- We'll only disclose this banking information to our service providers for the purpose of facilitating payments.
- It takes 3 business days from the date we process a payment for the funds to be transferred into your bank account.

Please call our Claims Call Centre if you have any questions regarding direct deposit of benefits.

Financial institution information (please print clearly)		Please provide either a void cheque or the information below	
Institution ID number (3-digit minimum)	Transit ID number (5-digit minimum)	For bank, trust company, or credit union, please stamp here:	
Account number (7-digit minimum)			
Address			
City	Postal code	Initials	Date (yyyy-mm-dd)

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 the benefits are deposited.

Applicant's signature	Date (yyyy-mm-dd)	Phone number (include area code)
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Claims Call Centre

Phone 604.231.8888

Toll-free 1.888.967.5377

M–F, 8:00 a.m. to 6:00 p.m.

Fax

604.233.9777

Toll-free 1.888.922.8807

Mail

WorkSafeBC

PO Box 4700 Stn Terminal

Vancouver BC V6B 1J1

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office, at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or email FIPP@worksafebc.com, or call 604.279.8171.