



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)
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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(s) a cancellation in writing.

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

Once this form has been completed, please fax to: 506 738-4459, Attention: Operational Effectiveness

