

DIRECT DEPOSIT ENROLMENT FORM: WORKER

Complete all fields unless noted.

The preferred and quickest method for enrolment is by logging into your secure MyServices account or calling 1 800 999-9775. Use this form for enrolment by mail or fax only.

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.

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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

⑈999⑈
⑆ 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 bank, please ensure you have provided accurate and complete banking information. Incomplete information will result in delays.

Submit the form: Complete the form in full and sign. Include any necessary documents.

Mail: WorkSafeNB, 1 Portland St., PO Box 160, Saint John, NB E2L 3X9

Fax: 1 888 629-4722

Update your banking and contact information:

Inform WorkSafeNB immediately if there is a change in your banking or contact information by logging into your secure MyServices account or calling 1 800 999-9775.

Need help with direct deposit?

Call 1 800 999-9775 (toll-free) Monday-Friday from 8 a.m. to 4:30 p.m.

What is MyServices?

MyServices is a secure online platform, where workers can: e-mail their claim manager, view claim status, submit travel expenses, check on payment status, sign up for direct deposit, view prescription history, view physiotherapy treatment history, and update banking information. To register, go to WorkSafeNB's [MyServices registration page](#) or call 1 800 999-9775.