

## Employer Information

WCB Account Name		WCB Account Number	
Mailing Address			
City	Province	Postal Code	Phone Number (Include Area Code)

## Select a Payment Plan that Works for You

<input type="checkbox"/> 10 Equal Pre-Authorized Payments* (March 31 to Dec. 30)	<input type="checkbox"/> 3 Payments (40%, 30%, 30%) (March 31, Aug. 30, Oct. 30)
<input type="checkbox"/> 4 Payments (25%, 25%, 25%, 25%) (March 31, June 30, Sept. 30, Dec. 30) <input type="checkbox"/> Accounts with workers (Jan. 31, March 31, June 30, Sept. 30) Personal coverage accounts only	<input type="checkbox"/> 2 Payments (50%, 50%) (June 30, Sept. 30)
<input type="checkbox"/> 4 Payments (10%, 30%, 30%, 30%) (March 31, June 30, Sept. 30, Dec. 30)	<input type="checkbox"/> One payment (100%) (May 30) For accounts with worker coverage (Jan. 31) Personal coverage accounts only

\* Ten equal payments are **only** available if you sign-up for pre-authorized debit or credit card payments.

Complete this form, along with the appropriate pre-authorized debit or credit card form and return them to the WCB. If you choose pre-authorized credit card you must return the forms via regular mail – fax or email will not be accepted.

_____ Name - Please Print	_____ Position	_____ Phone Number
_____ Signature	_____ Date	

Choose any one of the following options for sending in your form and VOID cheque or FI information:

<b>Mail or deliver to:</b> WCB of Manitoba 333 Broadway Winnipeg, MB R3C 4W3	<b>Fax to:</b> WCB of Manitoba Attention: Finance 1-204-954-4840	<b>Scan and email to:</b> CollectionUnit@wcb.mb.ca
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**Pre-authorized credit card forms must be returned via regular mail – fax or email will not be accepted.**