

Employer Information

 New

 Change

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

Credit Card Information

 Visa

 Master Card

Name on Card _____

Card Number

Expiry Date MM - YY

Pre-Authorized Terms and Conditions

The Workers Compensation Board of Manitoba (WCB of Manitoba) will provide a written and/or online statement of the amount and date of the pre-authorized credit card payment at least ten (10) calendar days before the date of each pre-authorized payment.

Returned payment fees will be charged to my/our account when the pre-authorized credit card payment cannot be made.

I/We agree that this agreement:

- may be cancelled by the WCB of Manitoba verbally or by written notice to my/our billing address prior to the next payment;
- may be cancelled by me/us by phone, in person or written notice before the next payment date (10 calendar days prior notice is required). Cancelling pre-authorized credit card payment on an account may result in changes to my/our installment plan.

I/We acknowledge that I/we have read and understood all of the terms and conditions of this Pre-Authorized Credit Card Agreement. I/ We (include all required signatures) authorize the WCB of Manitoba to begin pre-authorized payments for payment of my/our WCB of Manitoba statement from the credit card identified in the above information.

| | |
|-----------|------------|
| Signature | dd/mm/yyyy |
| Signature | dd/mm/yyyy |

Note: The WCB of Manitoba must receive this information 5 business days prior to the due date on your statement in order to ensure the pre-authorized information is updated in time for payment. You are responsible to ensure that your account is paid by the due date if the pre-authorized information has not been updated. To receive confirmation that this update has been made to your account, please provide your email address or fax number below. If you have questions or concerns about the timeframes, please contact us at 204-954-4978.

| | |
|---------------|--------------------------------|
| Email Address | Fax Number (include area code) |
|---------------|--------------------------------|

For credit card pre-authorized payment please mail or deliver this form to the following address:

WCB of Manitoba
333 Broadway
Winnipeg, MB R3C 4W3

Note: This agreement must be received in original form. Any forms received via email or fax will not be accepted.