WCB Workers Compensation Board of Manitoba

Phone 204-954-4321
(Toll free 1-855-954-4321)
333 Broadway, Winnipeg R3C 4W3
wcb.mb.ca

Direct Deposit Request / Change for Medical Provider / Vendor

Healthcare or business providers who invoice WCB for claimant related services should complete each section of this form.

Action Requested:

Start Direct Deposit Effective Date (DD/MM/YYYY)	Change Direct Deposit Effective Date (DD/MM/YYYY)	End Direct Deposit Effective Date (DD/MM/YYYY)

Section I: - Medical Provider / Vendor / Clinic Information (Complete the fields below)

Full Name of Medical Provider / Vendor / Clinic:			Service Provider No: / WCB Account No:
Who is the payment made to: Medical Provider Clinic / Vendor / Facility		Name of Clinic or Facility (If not provided above)	
Address: Apt/Unit	Street	City	Postal Code
Contact Name	Telephone Number	Fax Number	

The banking information will be used for all future payments until the WCB is advised otherwise.
Contact the WCB immediately if your bank account changes.

Section II: - Banking Information

Chequing Account (Canadian Financial Institution ONLY) or Deposit Account		- Print "VOID" across a blank pre-printed cheque OR have your financial institution stamp this form - Send the VOID cheque to the WCB with this form
Name(s) of account holder(s)		Financial Institution Stamp - Include Financial Institution Name and Address Initials _____
Branch Number 5 characters	Bank ID 3 characters	Account Number can be up to 12 characters

Section III - Authorization (Must be completed)

I authorize the WCB to directly deposit payments into the account noted on the attached cheque or savings/deposit account indicated above.
This authorization will remain in effect until further notice.

Signature	Title	Date	Telephone Number

This section must be signed by the Healthcare Professional or for vendors, an Authorized Signing Authority.

Email: DirectDeposit@wcb.mb.ca