

Worker Name	Claim Number
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<input type="checkbox"/> New direct deposit	<input type="checkbox"/> Changed direct deposit	<input type="checkbox"/> End direct deposit
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Authorization (Must be completed)

I hereby authorize the Workers Compensation Board of Manitoba (WCB) to deposit my payments directly into the below noted account.
This authorization is in force until I provide WCB with notice to stop the direct deposit.

Worker signature	Date DD/MM/YYYY	Phone Number
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Banking information will be used for all future payments and claims until the WCB is advised otherwise. Contact the WCB immediately if your bank account changes.

Direct Deposit Information | Complete one of the following options

Option 1: ☐

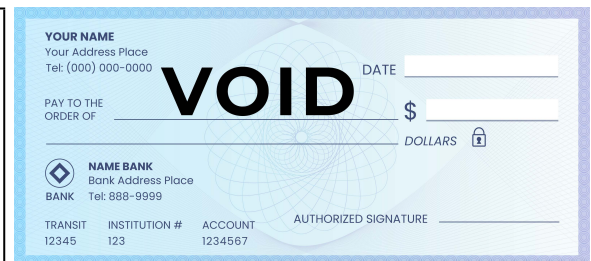
Attach a personalized cheque with your name (address is optional)

- Must be preprinted by the financial institution
- Print VOID across the front of your cheque

Or attach a photo of your banking information from your financial institution.

- The photo must include your full name, transit number, branch number and account number.

Submit your completed form



OR Option 2: ☐

- To be completed by your financial institution and **MUST** be stamped when a void pre-printed cheque is not provided or if deposit is to be directed to your Savings Account:

Branch number 5 characters	Bank ID 3 characters	Account Number can be up to 12 characters
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Financial Institution (F/I) Stamp Include Financial Institution name and address		Name(s) of account holders:
<div></div>		<div></div>
F/I Representative	Date DD/MM/YYYY	Phone Number

Submit this form to DirectDeposit@wcb.mb.ca