

Employer Name	Firm Number	Suffix
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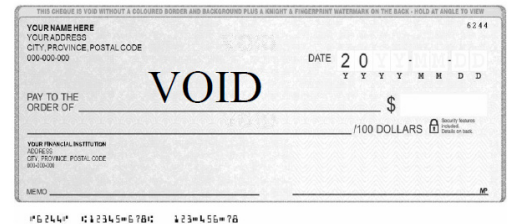
<input type="checkbox"/> New direct deposit	<input type="checkbox"/> Changed direct deposit	<input type="checkbox"/> End direct deposit
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Banking information will be used for all future payments and claims until WCB is advised otherwise for payments made on the workers behalf. Contact 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 pre-printed by the financial institution
- Print **VOID** across the front of your cheque
- Return your completed form with your VOID cheque



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
	0	

Financial Institution (F/I) Stamp Include Financial Institution name and address	Name(s) of account holders:

F/I Representative	Date DD/MM/YYYY	Phone Number
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Authorization

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

Employer signature	Date DD/MM/YYYY	Phone Number
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