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wsib cspaat ONTARIO

Workplace Safety & Insurance Board

Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

CONFIDENTIAL

Direct Deposit Request

start > Claim Number

Must be Completed

Please PRINT in black ink.

Claimant's Name & Address (please print clearly)

Instructions for completion of the form:

1) Select either method A, B, **OR** C below

2) If choosing method A or B, sign the bottom of this form. If choosing option C, sign the bottom of the bank form

3) When complete, return to WSIB by one of the following ways:

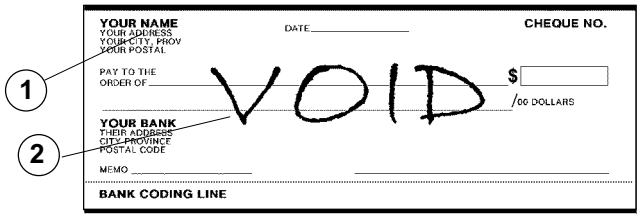
- **Email to:** DirectDeposit@wsib.on.ca (This email to be used for the sole purpose of submitting direct deposit forms only).
- **Fax to:** 416-344-4684 OR 1-888-313-7373
- **Mail to:** The Workplace Safety and Insurance Board, Treasury Branch 7th Floor, 200 Front Street West, Toronto ON M5V 3J1

Select **ONE** of A, B **OR** C to complete (direct deposit is only available for financial institutions within Canada)

A **Provide a copy of a void cheque:**

- personalized cheque with name (must be preprinted by bank) **BANK COUNTER CHEQUES ARE NOT ACCEPTABLE**
- print **"VOID"**"across your cheque
- attach the cheque to direct deposit form and return to WSIB

Example:



OR

B **Bank Stamp:**

- have your bank/financial institution complete and stamp this section with your banking information
- complete and sign and return to WSIB

For Financial Institution (F/I) Use

Stamp

Branch No.	Bank I.D.	Account No.

F/I Rep	Date	Telephone

OR

C **Pre-authorized Direct Deposit Form**

- go to your bank to obtain a pre-authorized direct deposit form
- ensure that your claim number, name, and signature are included on the pre-authorized bank direct deposit form
- your bank may be able to fax the form to the WSIB on your behalf

Please sign below if choosing method **A** or **B**

My/Our signature(s) on this document authorizes the Workplace Safety and Insurance Board (WSIB) to credit the above account. The direct deposits represent benefits payable only to the individual named above. Any changes in circumstances (i.e. death, mailing address) must be reported to the WSIB. Type your name and upload, or print and sign before returning to WSIB.

Signature of Bank Account Owner X	Date	Telephone
Name (please print) and Signature of Co-Owner of Bank Account (if applicable) X	Date	Telephone