

Visit wsib.ca/submit to submit this form and supporting documents.

Claimant's name and address

Instructions for completion of the form:

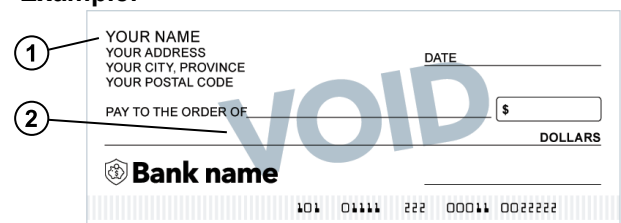
1. Select and complete either option A or B below
2. Sign the bottom of the form
3. Return to the WSIB by one of the following ways:

Fax to: 416-344-4684 OR 1-888-313-7373

Mail to: The Workplace Safety and Insurance Board,
200 Front Street West
Toronto, ON M5V 3J1

Please note direct deposit is ONLY available for accounts held at Canadian financial institutions.

Select **ONE** of A OR B to complete

A	<p>Provide a copy of a void cheque:</p> <ul style="list-style-type: none"> • The cheque must have your name preprinted by your financial institution. BANK COUNTER CHEQUES ARE NOT ACCEPTABLE • Print "VOID" across your cheque • Attach the cheque to this direct deposit form and return to the WSIB 	<p>Example:</p> 
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B	<p>Pre-authorized Direct Deposit Form</p> <ul style="list-style-type: none"> • Obtain a pre-authorized direct deposit form from your financial institution with your name and account details pre-printed • Ensure that your claim number, name and signature are included on the pre-authorized direct deposit form • Attach the form to this direct deposit request and return it to the WSIB • Your financial institution may be able to fax the form to the WSIB on your behalf
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By signing below, I acknowledge and agree that all information I provided is truthful and accurate. I recognize that, subject to the requirements of the *Workplace Safety and Insurance Act, 1997* and WSIB's Operational Policy Manual, all eligible payments will be deposited to the account I provided, except for certain payments that may need to be issued by cheque. I acknowledge that if the account I provided is a joint account other parties (e.g., account holders) may have visibility to the account and access to the funds. Any changes in circumstances (e.g., death, mailing address) will be reported to the WSIB.

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

Check this box if you are completing and submitting this form electronically. This represents your signature. You must fill out your name and the date above.