WSCC Workers' Safety & Compensation Commission | ᐃᖅᑲᓇᐃᓯᖅᑎᓄᑦ ᐊᑦᑕᓇᖅᑐᓂᒃ ᐊᒻᒪ ᓇᓪᓕᐅᒃᑯᒫᓂᒃ ᖃᐅᔨᓴᖅᑎᑦ

Direct Deposit

CONFIDENTIAL

Claimant's Name *(please print clearly)*	Claim Number
Address	
City	
Postal Code	Phone Number ( )

In order to use direct deposit:

1. Your name must appear on the account;
2. The account number you provide must be with a branch of a Canadian financial institution, located in Canada; and
3. You must provide a sample "voided" cheque OR have a representative from the branch that you deal with complete, sign, and stamp this form in the space provided below.

Financial Institution Information	For Bank/Trust Company/Credit Union	
Institution Name	Please stamp here	
Address		
City		
Postal Code	Initials	Date

Branch No.	Bank ID	Account No.

EXAMPLE:

Branch No.	Bank ID	Account No.
19442	*0022*	*222222222*

My signature on this document authorizes the Workers' Safety & Compensation Commission to deposit payments in the above account.

Signature ____________________ Date ____________ Area Code ______ Telephone Number ____________

Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 920-3888 • Toll Free: 1-800-661-0792 • Fax: (867) 873-4596 • Toll Free Fax: 1-866-277-3677
or
Box 669 • Iqaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8531 • Toll Free Fax: 1-866-979-8501

www.wscc.nt.ca • www.wscc.nu.ca

Ce formulaire est disponible en français.
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