

## **DIRECT DEPOSIT ENROLLMENT FORM**

WCB Nova Scotia offers direct deposit for many types of benefits such as monthly benefits, temporary benefits and payments for travel expenses. To receive benefits that are available through direct deposit, please complete the form and fax it to 1-902-491-8001. It may be mailed to: **WCB Nova Scotia, 5668 South Street, P.O. Box 1150, Halifax, NS B3J 2Y2**.

INFORMATION REQUIRED			
First Name:	Last Name:	Da	ate of Birth:
Health Card Number:	Claim Number:	Pł	hone Number:
Current Mailing Address:			
Financial Institution:			
Transit Number:	Bank Number:	Account Number:	
Signature of Worker or recipient of the WCB Benefit*:		Date:	
CANADIAN BANK /CREDIT UNION NAME  O01 YYYY MM DD  Pay to the order of:  \$  /100 DOLLARS  Memo  O01 12345  678 99999 99  Cheque Number Transit Number Bank Number Account Number (not required)  Always 5 Digits Always 3 Digits Can be 7-12 Digits  Note: Please attach a personalized deposit slip or cheque marked "VOID". If this is not possible, your branch can assist you in			
completing the account information.	t stip of official financial volu . If this is not	Jossinic, your ble	anon can assist you iii