

Submit online for faster service

Send your completed form via secure message through [WCB Online](#) at [wcb.ns.ca](#).
You can also return forms by fax or mail.

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 send it to us through your WCB Online account. You can also fax or mail the form to us using the information on the form.

INFORMATION REQUIRED

First Name:		Last Name:		Date of Birth:	
Health Card Number:		Claim Number:		Phone Number:	
Current Mailing Address:					
Banking Information:					
Financial Institution Name:	Account Holder Name:	Transit Number:	Bank Number:	Account Number:	
Signature of Worker or recipient of the WCB Benefit*:				Date:	

*This form must be signed by the person receiving payment in order to be processed.

CANADIAN BANK /CREDIT UNION NAME		001	
		YYYY MM DD	
Pay to the order of: _____		\$ _____	
_____		/100 DOLLARS	
Memo _____			
001	12345	678	99999 99

Cheque Number
(not required)

Transit Number
Always 5 Digits

Bank Number
Always 3 Digits

Account Number
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.

Questions? Call us at 1-800-870-3331.