

Form fields containing an asterisk (*) must be completed to receive payments through an Electronic Fund Transfer. Return completed form to the address below.

Complete one of the following:

1. Health Care Provider/Vendor

Company Name	Contact Name	Vendor ID (WSCC use only)
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2. Employer

Company Name	Contact Name	Employer ID (if known)
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3. Worker (or Surviving Dependent)

Last Name	First Name	Claim Number (if known)
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Mailing Address	City/Town	Province/Territory	Postal Code
Phone Number	Fax Number		
Cell Number	Email *		

I grant permission to the Workers' Safety and Compensation Commission to directly deposit funds into the following account:

Transit Number *	Financial Institution *	Account Number *
Authorized Signature *	Name * (please print)	Date * MM DD YY

To ensure accuracy, please include a blank void cheque.

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The WSCC may use this information for the administration of legislation under our authority, including the Workers' Compensation Acts, the Safety Acts, and/or the Mine Health and Safety Acts, and their associated Regulations, and to contact you in relation to the requirements under the relevant legislation. It is your responsibility when providing an email address to ensure reasonable safeguards are in place to protect the confidentiality and security of your personal information within your email account.

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
Box 669 • Iqaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8501 • Toll Free Fax: 1-866-979-8501

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