



Section A – Personal Information

Last Name: _____

First Name: _____

Email address: _____

(Required if you wish to be notified when your deposit is made.)

Section B – Direct Deposit Information

WSIAT Case Number (if applicable):

Please upload one of the following:

- Direct Deposit form downloaded from your financial institution **or**
- Void cheque

Until further notice, I authorize direct deposit of payment into the above-designated account

 Signature

(Please type your first and last name)

Date (dd/mm/yyyy):

By checking this box, I understand and agree that my typewritten name and date represent my legal signature

Instructions

- Information must be entered accurately. Incorrect information could cause delays in processing.
- Complete Section "A".
- Upload a Direct Deposit Form from your financial institution, OR a blank personal cheque with "VOID" written on it. Your account can be a saving account or a chequing account.

NOTICE: Information on this form is collected in connection with proceedings before the Workplace Safety and Insurance Appeals Tribunal (WSIAT). All information on this form is collected pursuant to section 133 of the *Workplace Safety and Insurance Act, 1997*, S.O. 1997, c. 16, as amended. This information will only be utilized to allow for the processing of the WSIAT's payment of expenses as related to workplace safety and insurance matters. Questions about the collection of information should be directed to the Records Management Coordinator at the WSIAT by calling 416-314-8800 or 1-888-618-8846 (toll-free), or 416-314-1787 (TTY).