

# DIRECT DEPOSIT REQUEST / CHANGE FOR MEDICAL PROVIDER / VENDOR / CLINIC

**Healthcare or business providers who invoice WCB for claimant related services should complete each section of this form.**

**Section I - Medical Provider / Vendor / Clinic Information (Complete the fields below)**

Full Name of Medical Provider / Vendor / Clinic:			
Who is the payment made to: <input type="checkbox"/> Medical Provider <input type="checkbox"/> Clinic / Vendor / Facility		Name of Clinic or Facility (If not provided above):	
Address: Apt /Unit    Street	City/Town	Province	Postal Code  _ _ _ _
WCB Billing Number(s) (If applicable, list all relevant billing numbers. If necessary attach a list.):			
Contact Name	Telephone Number  _ _ _ _ _ _ _ _ _ _ _ _ _ _	Fax Number  _ _ _ _ _ _ _ _ _ _ _ _ _ _	

**The banking information will be used for all future payments until the WCB is advised otherwise.  
Contact the WCB immediately if your bank account changes.**

**Section II - Banking Information**

<input type="checkbox"/> Chequing Account: (Canadian financial institution ONLY)  <b>Or</b> <input type="checkbox"/> Deposit Account  Name(s) of account holder(s)  _____  _____	<ul style="list-style-type: none"> <li>Print "VOID" across a blank pre-printed cheque <b>OR</b> have your financial institution stamp this form.</li> <li>Send the VOID cheque to the WCB with this form.</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> <b>Financial Institution Stamp - Include Financial Institution Name and Address</b>           _____          Initials       </div>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Branch Number 5 characters</td> <td style="width: 25%;">Bank ID 3 characters</td> <td style="width: 50%;">Account Number can be up to 12 characters</td> </tr> <tr> <td> _ _ _ _ </td> <td> _ _ </td> <td> _ _ _ _ _ _ _ _ _ _ _ _ _ _ </td> </tr> </table>	Branch Number 5 characters	Bank ID 3 characters	Account Number can be up to 12 characters	_ _ _ _	_ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	
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**Section III - Authorization (Must be completed)**

I, _____ of _____, am an authorized signing officer for the purpose of <small>(name)</small>			
completing this Business Request/Change for Direct Deposit form as the applicant or on behalf of the applicant. I authorize the WCB to directly deposit the applicant's payments into the account noted on the attached cheque or savings/deposit account indicated above. This authorization will remain in effect until further notice.			
_____ Signature of authorized signing officer of the organization	_____ Position, office or rank	_____ Date	_____ Telephone Number

## Additional Information

If you require further information, call a WCB representative at: Edmonton 780-498-4262 or 780-498-4316 or 780-498-4619  
You can also call our Claims Contact Centre numbers: Edmonton 780-498-3999 Toll free in Alberta 1-866-922-9221  
Calgary 403-517-6000 Toll free outside Alberta 1-800-661-9608

**Fax completed application to:** 780-498-7776 **or Mail to:** The Workers' Compensation Board - Alberta  
1-800-661-1993 (Toll Free) PO Box 2415  
Edmonton AB T5J 2S5

**How to complete the form:** Each section needs to be completed (Section I, II (1 or 2) and III).

Incomplete or incorrect forms will be returned to obtain the appropriate information.

**Section I:** Complete the applicable information for the organization.

**Section II:** Select 1 of the 2 options for providing banking information and provide the appropriate documentation for that option.

Option II 1) - a pre-printed VOID cheque must be provided or the completed form stamped by an appropriate banking representative.

The VOID cheque can be mailed with the C894 form or a copy faxed with the form.

Option II 2) - the completed form must be stamped by an appropriate banking representative and sent to the WCB.

**Section III:** The authorization section **must** be completed by an appropriately authorized individual from the organization.

### Personal Information:

- Personal information collected on this form will be used to make direct deposit payments to a business bank account.
- Collection of personal information is authorized under Section 33 of the Freedom of Information and Protection of Privacy (FOIP) Act.

### Banking Information:

- If the void cheque is not pre-printed with the account holders' name and address, then a copy of the bank statement containing the name and account information including the bank code and branch number is required.
- This service will allow payments to be directly deposited to an account at any Canadian financial institution but is NOT available for deposit to RRSP accounts.
- Processing of this application will take approximately 2 weeks from the date WCB receives the documents.
- Please ensure that any change(s) to the financial institution or bank account are immediately reported to the Workers' Compensation Board.

## Questions you may have.....

### What is Direct Deposit?

Direct Deposit payment service is a voluntary electronic payment service where payments are deposited directly into a designated bank account. This convenient service is provided by the WCB at no charge.

### Who can sign up for this service?

This service is available to any health care or business provider that invoices or bills the WCB for claimant related services.

### What payments can be issued by direct deposit?

Any payments issued to health care providers or business providers of claimant related services are eligible to be paid by direct deposit. All billing numbers identified on the form will be deposited to the bank account indicated on the form.

### What billing number(s) should I list for direct deposit payment service?

All billing numbers to be set up for direct deposit must be identified on the form. If an organization bills the WCB on behalf of the practitioners at the location, the clinic billing number(s) selected for direct deposit must be listed. If payments are issued to individual practitioners at the location, the billing number and banking information for each practitioner must be provided on separate forms.

### How can Direct Deposit payments be issued?

Direct Deposit payments can be issued to a chequing or deposit account at any Canadian financial institution.

### What payment options cannot be used for Direct Deposit payments?

- payments split between different bank accounts
- when a portion of a payment needs to be routed elsewhere
- a portion paid as Direct Deposit and the remaining paid as a cheque

### How will I know that a payment has been deposited?

You will receive a WCB Payment Advice Statement for payments processed by direct deposit from the WCB. Health care provider direct deposit statements are normally mailed on Mondays or on Tuesdays following a holiday Monday. The payment is usually deposited into bank accounts on Wednesdays or on Thursdays following a long weekend.

### If I sign up for direct deposit how can I be sure that no one else will have access to the account?

The banking information is safe with WCB. Receiving money through direct deposit is actually more reliable and confidential than being paid by cheque because fewer steps are involved in the delivery and deposit of the payment. We regularly receive and protect confidential information. Our access to the account is limited solely to the depositing of payments.

### What happens if the direct deposit fails?

If a bank account is no longer open, or the account number we have on file is incorrect, the direct deposit procedure could fail. In this case we will issue the payment by cheque until new information is received.

### Where do I get a form?

A Direct Deposit Request / Change for Medical Provider / Vendor / Clinic form (C894) is available on our web site at [www.wcb.ab.ca](http://www.wcb.ab.ca) or can be obtained from our office:

WCB Edmonton 9912 107 Street Edmonton AB T5K 1G5