

Complete each of the sections below.

Action Requested:

<input type="checkbox"/> Start Direct Deposit Effective Date (YYYY/MM/DD)	<input type="checkbox"/> Change Direct Deposit Effective Date (YYYY/MM/DD)	<input type="checkbox"/> End Direct Deposit Effective Date (YYYY/MM/DD)
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Section I: - Medical Provider / Vendor / Clinic Information (Complete the fields below)

Full Name of Medical Provider / Vendor / Clinic:			
Who is the payment made to:		Name of Clinic or Facility (If not provided above):	
<input type="checkbox"/> Medical Provider	<input type="checkbox"/> Clinic / Vendor / Facility		
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 (Complete 1 of the 2 choices below)

1 <input type="checkbox"/> Chequing Account: (Canadian financial institution ONLY)	<input checked="" type="checkbox"/> Print "VOID" across a blank pre-printed cheque OR have your financial institution stamp this form.	
OR		
2 <input type="checkbox"/> Savings / Deposit Account: (Canadian financial institution ONLY)	<input checked="" type="checkbox"/> Send the VOID cheque to the WCB with this form.	
- Complete the area below and attach the portion of your bank statement containing the business name and account information OR , have your financial institution verify the information and stamp where indicated below.		
Financial Institution Name and Address _____ _____ _____	For Financial Institution Stamp _____ Initials	
Branch Number 5 characters	Bank ID 3 characters 0	Account Number can be up to 12 characters

Section III - Authorization (Must be completed)

I, _____ of _____, am an authorized signing officer for the purpose of (name)			
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 Customer 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

Send completed application to: **Mail:** The Workers' Compensation Board - Alberta **Fax:** (780) 498-7506
P. O. Box 2415 1-800-661-1993 (Toll Free)
Edmonton AB T5J 2S5

How to complete the form: Each section needs to be completed (Section I, II (1or 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.
- The direct deposit request will stay in effect until a change request is submitted or the service is cancelled.

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, savings 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.

How do I refund money to the WCB if there has been an error or an overpayment?

If an error or an overpayment has occurred, the business will need to write a cheque to the WCB for the incorrect or overpaid amount and include all of the appropriate information (claim number, payee, date of service, etc.) to ensure that the refunded amount is applied correctly.

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 was not successful?

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 the incorrect or missing information is obtained.

Where do I get a form?

A Business Request/Change for Direct Deposit form (C894) is available on our web site at www.wcb.ab.ca or can be obtained from one of our offices:

WCB Edmonton	9912 107 Street	Edmonton AB	T5K 1G5
WCB Calgary	300-6 Avenue SE	Calgary AB	T2G 0G5.