

Employer Information

 New

 Change

WCB Account Name		WCB Account Number	
Mailing Address			
City	Province	Postal Code	Phone Number (Include Area Code)

Bank Account Information

 Void Cheque Attached **OR** Complete the Financial Institution information (FI) below:

FI Name	Type of FI account (check one) <input type="checkbox"/> Personal <input type="checkbox"/> Business
FI Address	

Use the following sample and coding on the bottom of your cheque to provide:

⑈ 555 ⑈ ⑆ 10 10 7 ⑈ 00 11 ⑆ 0 1 2 2 10 ⑈ 2 2 0 ⑈
Cheque no. FI branch no. FI no. Your FI account no.

FI branch no. (5 digits)	FI no. (3 digits)	Your FI account no.
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Pre-Authorized Terms and Conditions

The Workers Compensation Board of Manitoba (WCB of Manitoba) will provide a written and/or online statement of the amount and date of the pre-authorized debit at least ten (10) calendar days before the date of each pre-authorized debit transaction.

Returned payment fees will be charged to my/our account if the pre-authorized debit withdrawal is declined.

I/We agree that this agreement:

- may be cancelled by the WCB of Manitoba verbally or by written notice to my/our billing address prior to the next debit;
 - may be cancelled by me/us by phone, in person or written notice before the next debit date (10 calendar days prior notice is required).
- Canceling pre-authorized debit on an account may result in changes to my/our installment plan.

I/We have certain recourse rights if money is withdrawn from my/our account in a way that does not comply with this agreement. For more information on my/our recourse rights, I/we can contact my/our bank or visit cdnpay.ca.

I/We acknowledge that I/we have read and understood all of the terms and conditions of this Pre-Authorized Debit Agreement. I/We (include all required signatures) authorize the WCB of Manitoba to begin pre-authorized debit withdrawals for payment of my/our WCB of Manitoba statement from the Financial Institution identified on my/our VOID cheque or in the above Financial Institution information.

Signature	dd/mm/yyyy
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Note: The WCB of Manitoba must receive this information 5 business days prior to the due date on your statement in order to ensure the pre-authorized information is updated in time for payment. You are responsible to ensure that your account is paid by the due date if the pre-authorized information has not been updated. To receive confirmation that this update has been made to your account, please provide your email address or fax number below. If you have questions or concerns about the time frames, please contact us at 204-954-4978.

Email Address	Fax Number (include area code)
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Choose any one of the following options for sending in your form and VOID cheque or FI information:

Mail or deliver to:

WCB of Manitoba
333 Broadway
Winnipeg, MB R3C 4W3

Fax to:

WCB of Manitoba
Attention: Finance
1-204-954-4840

Scan and email to:

CollectionUnit@wcb.mb.ca