

Worker's Direct Deposit Enrollment

(For Personal Care Allowance Benefit only)

Direct Enquires to:
 TELUS Health Registration Line
 1-866-240-7492, option 1

Please return signed form to:
Fax: 1 855 296-5515

OR Mail to:
 Provider management – TELUS Health
 25 York Street, 20th floor, Quad A
 Toronto, Ontario M5J 2V5

Worker's Name	WSIB Claim No.
Address	Tel. No.
	Fax No.
City/ Province/ Postal Code	Email (for confirmation of bank account changes)
Contact	Effective Date
Banking Information:	
Bank Name	Bank No.
Address	Transit No.
City, Prov., P.C.	Account No.
Phone	Fax

**Please sign this form before returning to TELUS Health.
 By signing this form, you; the undersigned; authorize TELUS Health
 to update the bank account information in your TELUS profile.**

Worker's Signature	Print Name	Title	Date
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Affix Pre-Printed void cheque here**

** If the cheque is not pre-printed with either legal or operating name then a signed letter from your bank confirming the name and the account number with the name of the signing officers is required.

Please ensure that you are receiving direct deposits into your new bank account before closing your old bank account.

Two weeks advance notice is required to ensure changes are done promptly

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