

Direct Deposit Enrollment Authorization

For Workers
(For Healthcare Payments only)

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

Please return signed form to:
Fax: 1-866-840-1466

OR Mail to:
Provider Services Dept. - TELUS Health Solutions
1000-5090 Explorer Drive
Mississauga, ON L4W 4X6

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 Solutions
By signing this form, you; the undersigned; authorize TELUS Health Solutions
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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