



# Direct Deposit Enrollment for an Injured Person

## (For Personal Care Allowance Benefit only)

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

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

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

Signature (Person with Injury)	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**