



APPLICATION FOR DIRECT BANK PAYMENT FROM MEDICAL SERVICES PLAN (MSP) or REQUEST FOR CHANGE OF BANKING INFORMATION

PERSONAL DATA

Your MSP Payment Number

RESERVED PAYMENT NUMBER

Five empty boxes for reserved payment number

(Note: Show either the GROUP or PHYSICIAN payment number)

Surname or Group Name (Please Print)

Initials

AUTHORIZATION FOR DIRECT BANK PAYMENT FROM MSP

I hereby authorize MSP to make direct bank payment to me in the account indicated.

Applicant's Signature

Date

Telephone

Attach a blank sample cheque from the financial institution where you bank, make sure the cheque is fully MICRO-ENCODED with BRANCH, INSTITUTION and ACCOUNT NUMBERS.

PAYMENT DATA

Branch Number (must be 5 digits)

Note: Payment Data will be used for Direct Bank Payment. Please be sure that all digits, including zeros, "0" are given.

Institution Number (must be 3 digits)

Account Number

Institution / Bank Name

Branch Name

Street Address

City Province

Postal Code Telephone