



APPLICATION FOR DIRECT BANK PAYMENT FROM Medical Services Plan (MSP) or REQUEST FOR CHANGE OF BANKING INFORMATION

PERSONAL DATA

Your MSP Payment Number

PAYMENT NUMBER

Grid for payment number (5 boxes)

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

Surname or Group Name

Line for Surname or Group Name

(Please Print)

Initials

Line for Initials

AUTHORIZATION FOR DIRECT BANK PAYMENT FROM M.S.P.

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 institute where you bank, make sure the cheque is fully MICRO-ENCODED with BRANCH, INSTITUTION and ACCOUNT NUMBERS.

PAYMENT DATA

Branch Number

Grid for Branch Number (5 boxes)

(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

Grid for Institution Number (3 boxes)

(must be 3 digits)

Account Number

Grid for Account Number (12 boxes)

Institution / Bank Name

Line for Institution / Bank Name

Branch Name

Line for Branch Name

Street Address

Line for Street Address

City

Line for City

Province

Line for Province

Postal Code

Line for Postal Code

Telephone

Line for Telephone