

## DIRECT DEPOSIT SIGN UP FORM

Direct deposit is incredibly convenient, and your banking information is totally secure... guaranteed! It's super easy to sign up. Just complete this form, attach to it a void cheque or deposit slip, and send back to us in one of three ways:

1. By mailing providerConnect® at PO Box 1609, Windsor ON, N9A 0C4
2. Online by scanning and sending this completed form to us via [www.providerconnect.ca](http://www.providerconnect.ca) (under "What You Need", select "Send A Form Or Document")
3. Fax us at 519-739-6537 (Be sure to send it to the attention of providerConnect)

### A. PROVIDER IDENTIFICATION (PLEASE PRINT)

PROVIDER NAME	PROVIDER ADDRESS	PROVIDERCONNECT ACCOUNT NO.

### B. DIRECT DEPOSIT ROUTING NUMBER

Enter the branch number, institution number, and account number for depositing your payment.

You can find the required information on the bottom left corner of your deposit slip or cheque as shown below:

|:798||\*|:00026||1100 2|: 06485||8||\*

**1**            **2**            **3**            **4**

- |                                 |                                   |
|---------------------------------|-----------------------------------|
| 1) Cheque number (not required) | 3) Three-digit institution number |
| 2) Five-digit branch number     | 4) Account number                 |

BRANCH NUMBER	INSTITUTION NUMBER	ACCOUNT NUMBER	FINANCIAL INSTITUTION NAME, ADDRESS					
Name(s) of account holder(s)			Signature of financial institution officer					
			Telephone no. of financial institution					
			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>Date:</b></td> <td style="width: 20%;">Year</td> <td style="width: 20%;">Month</td> <td style="width: 20%;">Day</td> </tr> <tr> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	<b>Date:</b>	Year	Month	Day	
<b>Date:</b>	Year	Month	Day					
	_____	_____	_____					

### C. PROVIDER DECLARATION

I, as the person entitled to receive the above-noted payment, and in lieu of receiving a cheque from all participating Carriers/Adjudicators/Third Party Payors of providerConnect (outlined in Schedule A of my Agreement), hereby authorize all participating Carriers/Adjudicators/Third Party Payors to deposit, until further notice, the payment described into my account, as noted herein, by means of direct deposit.

<b>Signature</b>	<b>Date</b>
<b>Print Name</b>	

## **ADDITIONAL INFORMATION**

- Direct deposit is a service offered by providerConnect and all participating Carriers/Adjudicators/Third Party Payors.
- You can choose to have your claim payments deposited in an account at any bank, trust company, credit union, or other financial institution in Canada.
- providerConnect will use the authorization only to deposit directly those payments indicated.
- The account you identified must hold Canadian funds at an institution in Canada.
- Please refer to **providerconnect.ca** for access to payment schedules or direct deposit payment dates for each participating Carrier/Adjudicator/Third Party Payor.

**DON'T FORGET TO ATTACH A VOID CHEQUE OR DEPOSIT SLIP WHEN YOU SEND THIS FORM!**