



Health

Insured Benefits, Insurance Division
3rd Floor, 300 Carlton St, Winnipeg, Manitoba, Canada, R3B 3M9
T 204-788-2567 F 204-942-2356 E practitionerregistry@gov.mb.ca

PRACTITIONER APPLICATION FOR ELECTRONIC FUNDS TRANSFER

Practitioner Name: _____ **MH Billing No:** _____

Address: _____

Please list Electronic User Site Number(s) that this banking arrangement will apply to:

1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____

Section A. Payment Data

Name and Address of Financial Institution:

Transit (Branch) Number: _____ Account Number: _____

Note: *A blank voided cheque (legible photocopy will be accepted) from the Financial Institution where you bank, with the micro-coded Branch, Institution and Account Number, must be submitted with this application. If a voided cheque is not supplied, the application will be returned to you unprocessed.*

Section B. Authorization for Electronic Funds Transfer from Manitoba Health

I hereby authorize MH to make payments under the above billing number directly to the account indicated in Section A above.

Practitioner's Signature

Date

Telephone

Note: *Application forms must be received 10 business days prior to the payment date in order to make the appropriate changes. It is suggested that you do not close your old account until your first direct deposit is successfully made to your new account.*

<p>Office Use Only</p> <p>Payment Indicator: _____</p> <p><input type="checkbox"/> New EFT <input type="checkbox"/> EFT Change</p>
--