

DIRECT DEPOSIT APPLICATION FORM

3542 Concorde Blvd. East, suite 107, Laval, Quebec H7E 4W1
Tel.: 514-360-1111 | Toll-free: 1-866-518-0633 | Fax: 514-316-3033

1 PLAN MEMBER DETAILS

Client number	Client name
Certificate number	Employee name

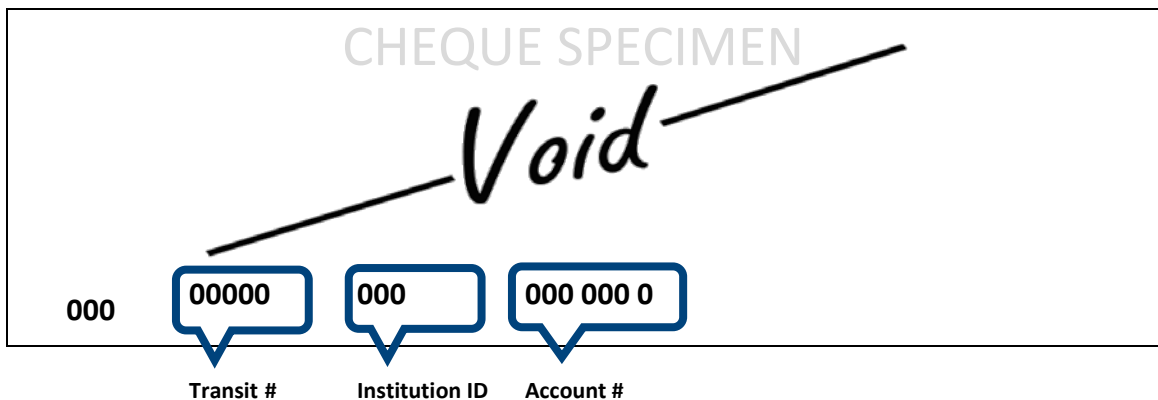
2 PAYEE'S FINANCIAL INSTITUTION DETAILS

Name of financial institution (Caisse or Bank)			
Branch address			
City	Province	Postal code	Telephone
Branch transit number		Account type Chequing Savings	
Account number		Institution ID number	

3 PAYEE'S AUTHORIZATION

I request my benefits be paid through electronic funds transfer (direct deposit) into the account described above. This authorization may be cancelled at any time upon written notice.	
Date (dd/mm/yyyy)	Signature (as you sign your cheque)
_____ I authorize the use of my printed name as an official signature	

IMPORTANT – PLEASE INCLUDE A COPY OF YOUR CHEQUE MARKED "VOID"



Please send completed form to:

Medic Solutions

3542 Concorde Blvd. East, suite 107, Laval, Quebec H7E 4W1

or

infos@medicsolutions.ca