



Payment Agreement Form

Information

Please Note that **All** the boxes need to be filled out in the appropriate section of the form.

Incorporated Information (Please Print)

Corporation Name:	
Address:	
Email:	
Phone:	BUSINESS #
2 nd Phone:	GST #

Personal Information (Please Print)

Name:	
Address:	
Email:	
Phone:	SIN #
2 nd Phone:	GST #

For Your Information

Please note that if you are an Incorporated Doctor, we need to have your Incorporated Name and Business Number in order to pay you through your Incorporation.

Please note that your Social Insurance Number (SIN) is required for the T4A to be completed.

If you are GST Registered please provide your GST number.

Please complete following page if you would like to have Direct Deposits done instead of having Cheques issued.



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize the **Nanaimo Division of Family Practice** (NDoFP) to initiate automatic deposits to my account at the financial institution named below. I also agree to promptly reimburse the Division for any overpayments.

Further, I agree not to hold the **NDoFP** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the **NDoFP** receives written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Division.

Banking Information (Please Print)

Name of Financial Institution:		
Branch Address:		
Account type (check one): <input type="checkbox"/> Chequing <input type="checkbox"/> Savings		
Transit Number (5 digits)	Institution Number (3 digits)	Account Number

How to find the above numbers on your cheque:

- First 3 digits on bottom left of cheque corresponds to cheque number on the top right
- Next **5 digits** at the bottom are your **transit number**
- Next **3 digits** are your **institution number**

Void cheque attached (**required**)

I hereby authorize NDoFP to process direct deposits into the account specified in banking information session noted above.

Signature (Primary):	Date:
Signature (Joint):	Date:

Please check box if you wish to have Remittance emailed to you with payment

Please return this completed form by scan/email or regular mail to Linda Fox,
 Email: work@lfox.ca T: (250) 616-7975 7251 Bayview Rd P.O. Box 378, Lantzville, BC V0R 2H0.