



Thompson Region Division of Family Practice

A GPSC initiative

DATE:

VENDOR/PHYSICIAN/PRACTICE INFORMATION

NAME:

EMAIL FOR REMITTANCE ADVICE:

ADDRESS:

ATTENTION: ACCOUNTS RECEIVABLE

If you would like to be paid via Electronic Funds Transfer (EFT) and help us reduce our impact on the environment, please complete this form and return to thompsonregion@divisionsbc.ca.

1. BANK ACCOUNT INFORMATION – please provide a void cheque OR complete the following:

| | | | |
|------------|--------------|---------------------|-------------------------------|
| Transit# | Institution# | Account# | Name of Financial Institution |
| (5 digits) | (3 digits) | (Maximum 12 digits) | |

On the bottom left of your cheque you will find a series of numbers blocked similar to below:

||' 999 ||' |: 99999 "' 999 |: 999"'999"'9 ||'

▲ Bank account number (maximum 12 digits)

▲ Institution number (3 digits)

▲ Branch number (5 digits)

▲ Cheque number (do not write this number)

Thompson Region Division of Family Practice Society will only retain this form for two years.