

VENDOR/PHYSICIAN/PRACTICE INFORMATION

NAME (REQUIRED): _____

EMAIL (REQUIRED): _____

PHONE: (REQUIRED: _____

ADDRESS (REQUIRED): _____

All amounts owed are now paid via Electronic Funds Transfer (EFT) by Thompson Region Division of Family Practice. Please complete this form and return it via:

1) **EMAIL:** TRDFPFinance@thompsondivision.ca

2) **FAX:** 250-372-1610

3) **MAIL:** Thompson Region Division of Family
 Practice 209-310 Nicola Street,
 Kamloops BC V2C 2P5

BANK ACCOUNT INFORMATION - please provide a void cheque OR complete the following:

Transit#	Institution#	Account#	Name of Financial Institution
----------	--------------	----------	-------------------------------

(5 digits)

(3 digits)

(Max 12 digits)

(PRINT)

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

11' 999 11' 1: 99999 "" 999 1: 999""999""9 11'

▲ Bank account number (maximum 12 digits)

▲ Institution number (3 digits)

▲ Branch number (5 digits)

▲ Cheque number (do not write this number)

Divisions of Family Practice

An initiative of the Family Practice Services Committee
www.divisionsbc.ca

Thompson Region Division of Family Practice

Unit 209 - 310 Nicola Street
 Kamloops, BC V2C 2P5
 TEL: 250 372 1621 Fax: 250 372 1610

Updated: 2023-07-11