

**EFT PAYMENT/DIRECT DEPOSIT REQUEST FORM**

New Enrollment

Update Banking Information

Care should be taken in completing this Request Form. If you have any questions or concerns, please contact *Michelle Harrison, Finance Clerk*, at 604-742-5538 - or email [payment@locumsruralbc.ca](mailto:payment@locumsruralbc.ca)

Please **SUBMIT** the completed Request Form with **ONE** of the following:

- Copy of your Void Cheque (name imprinted)
- Completed bank direct deposit/preauthorized debit set up form from the financial institution providing name on account and bank/branch/account information.

**Send to: Michelle Harrison, Locums for Rural BC**

**Toll Free Fax in Canada: 1-877-387-4757**

**Vancouver Fax: 604-742-2757**

**Email: [payment@locumsruralbc.ca](mailto:payment@locumsruralbc.ca)**

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**PAYEE DETAILS**

RGPLP

RSLP

RGPALP

VENDOR

- Physician/Vendor Name: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_  
Street Address, City, Province, Postal Code
- Contact Person: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

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I acknowledge that by submitting this form, payment of expenses incurred during rural locum assignments will be paid through HEABC / Locums for Rural BC.

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Payment Advice Notifications will be sent by **EMAIL** only, no hard copies will follow.