

EFT PAYMENT/DIRECT DEPOSIT REQUEST FORM

☐ New Enrollment

☐ Update Banking Information

If you have any questions or concerns while completing this form, please contact *Locums for Rural BC* at 1-877-357-4757 or email payment@locumsruralbc.ca

Please **SUBMIT** this 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: Locums for Rural BC

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

Vancouver Fax: 604-742-2757

Email: payment@locumsruralbc.ca

PAYEE DETAILS

☐ RFPLP

☐ RSLP

☐ RFPALP

☐ RESSO

☐ RFPMLP

☐ VENDOR

- Physician vendor name: _____
- Mailing Address: _____
- Contact Person: _____
- Contact Number: _____
- Email Address: _____

☐ 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: _____

Expenses **cut-off is every Friday at 12 noon**, for payment the following Friday if all documentation received is correct. Payment Advice Notifications will be sent by **EMAIL** only.