



DIRECT DEPOSIT AUTHORIZATION

Payments for claims are directly deposited into your bank account, with a corresponding Reconciliation/Payment Summary mailed to you. Please note that if you have more than one pharmacy, a separate authorization must be completed for each location. If you have any questions, please call the Pharmacy Agreement Coordinator toll-free at 1-844-498-8292.

TYPE OF REQUEST

New provider

Change to existing provider

 → Existing Alberta Blue Cross provider number: _____

 → Is the change due to a change of ownership or transfer of shares? Yes No

 → Changes take up to four weeks to be effective, as they must be coordinated with the cheque run schedule.

PHARMACY BUSINESS INFORMATION

Legal name

Operating name (if different)

Pharmacy site address	City	Province	Postal Code
Mailing address for Reconciliation/Payment Summaries	City	Province	Postal Code
Pharmacy phone number ()	Pharmacy fax number ()		

BANKING INFORMATION

Name of financial institution		Address of financial institution	
Branch (transit) number (5 digits)	Bank number (3 digits)	Account number (maximum 12 digits)	

NOTE: In order for this Authorization to be processed, a copy of a pre-printed void cheque identifying the pharmacy must be attached. If you do not have a pre-printed cheque, attach a signed letter from your bank identifying the pharmacy and the account details.

DIRECT DEPOSIT AUTHORIZATION

I am an authorized signing officer for the purpose of completing this Direct Deposit Authorization. I hereby authorize Alberta Blue Cross to directly deposit payments for claims as indicated. If applicable, this Authorization replaces all previous direct deposit instructions.

Authorized signature	Name (please print)	Title
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Date (YYYY/MM/DD): / / Day-time phone number: ()

PLEASE RETURN THIS FULLY COMPLETED FORM FOR ASSISTANCE CALL

BY FAX 780-498-3549	BY EMAIL pamt@ab.bluecross.ca	1-844-498-8292
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FOR ALBERTA BLUE CROSS USE ONLY	Date processed
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