

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. Changes take up to four weeks to be effective, as they must be coordinated with the cheque run schedule. If you have any questions, please call the pharmacy agreement coordinator toll-free at 1-844-498-8292.

1. BANKING CHANGE FOR EXISTING PROVIDER	
Existing Alberta Blue Cross provider number	Is the change due to a change of ownership or transfer of shares? <input type="checkbox"/> Yes <input type="checkbox"/> No
Effective date of banking change (YYYY/MM/DD)	

2. PHARMACY BUSINESS INFORMATION			
Legal name			
Operating name (if different)			
Pharmacy site address	City	Province	Postal code
Pharmacy mailing address (if different)	City	Province	Postal code
Mailing address for reconciliation/payment summaries	City	Province	Postal code
Pharmacy phone number	Pharmacy fax number	Confidential email address	

3. BANKING INFORMATION		
Branch (transit) number (maximum 5 digits)	Bank number (maximum 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.		

4. DIRECT DEPOSIT AUTHORIZATION		
<i>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.</i>		
Authorized signature	Name (please print)	Title
Date (YYYY/MM/DD)	Daytime phone number	

PLEASE RETURN THIS FULLY COMPLETED FORM		FOR ASSISTANCE
By fax 780-498-3549	By email pamt@ab.bluecross.ca	By phone 1-844-498-8292

For Alberta Blue Cross use only	Date processed (YYYY/MM/DD)
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