

DENTAL PROVIDER APPLICATION FOR DIRECT DEPOSIT OF FUNDS

THE INFORMATION BELOW MUST BE FILLED OUT IN ITS ENTIRETY TO BE REGISTERED

Direct Deposit of Funds is available for both electronic and paper claims submissions. Please note that if you have **more than one office**, a separate application must be completed for each office. For practices with **more than one dental provider**, each dental provider who bills under their own ID number should complete a separate form.

DENTAL PROVIDER INFORMATION	I												
Last name		First name			Initial(s)			Dental college license number / unique identification number					
Email address		l		Practice / clinic ad	dress		l						
City	Province			Postal code	Phone number			Fax number					
						1							
ACCOUNT HOLDER BANKING INFORMATION													
Please ensure the following banking information is accurate and clearly legible as it will be added to our system as it appears on this form.													
NOTE: in order for this authorization to be processed, a copy of a pre-printed void cheque identifying the payee must be attached. If you do not have a pre-printed cheque, attach a signed letter from your bank identifying the payee and the account details.													
Last name	First name	2		Initial(s)	Initial(s) Name of finance			nancial institution					
Branch address		City			ovince			Postal code					
Bank transit number (5 digits)	Bank num	ber (3 digits)	Account numbe	er (maximum 12 dig	(maximum 12 digits)								
		l				1							
AUTHORIZATION													
I certify that I am an owner or individual legally authorized to sign on behalf of the legal entity. I further certify that the information provided on this form is both true and complete, and agree that all claims must be submitted in compliance with the Alberta Blue Cross® terms of use. I also authorize Alberta Blue Cross to directly deposit payments for claims into the bank account identified herein.													
Signature				Date (YYYY-MM-DD)									
Please fax your original completed form to				For more information about electronic funds transfer, please call									
Alberta Blue Cross				Alberta Blue Cross Dental Services									
Dental Provider Maintenance	780-498-8977 (Edmonton and area)												
Fax: 780-498-3544	403-294-4042 (Calgary and area) 1-800-567-8104 (toll-free)												
Please note: Alberta Blue Cross has the right to refuse or remove direct deposit of funds at any time.													

