



**Government of the Northwest Territories  
Medical supplies and equipment  
and optical providers  
APPLICATION FOR  
DIRECT DEPOSIT OF FUNDS**

*Please note that if you have more than one office, a separate application must be completed for each office. For offices with more than one optical provider, each provider who bills under their own practice is required to complete a separate form.*

ACTION REQUESTED			
<input type="checkbox"/> Initial Set Up*	<input type="checkbox"/> Change*	<input type="checkbox"/> Cancellation*	*Please indicate effective date
<i>Please note: By cancelling your Direct Deposit of Funds, you will be issued payment by cheque effective next scheduled payment.</i>			

PROVIDER INFORMATION				
LEGAL or OPERATING BUSINESS NAME				
BUSINESS NAME – If different than the one indicated above			BUSINESS ADDRESS	
CITY	PROVINCE	POSTAL CODE	PHONE NUMBER	FAX NUMBER

BANKING INFORMATION				
SURNAME OF ACCOUNT HOLDER		FIRST NAME	INITIAL	NAME OF BANK
BRANCH ADDRESS			CITY	PROVINCE
BANK TRANSIT NUMBER (5 digits after the cheque number)			INSTITUTION NUMBER (3 digits after the transit number)	ACCOUNT NUMBER (Remaining digits after institution number)

**A voided blank cheque or proof of account number from your bank must be attached as confirmation of your banking information.**

**If you do not have a chequing account, please provide a statement from your bank containing verification of your account number.**

I hereby authorize Alberta Blue Cross to initiate direct deposit of funds to the account noted above.	
Signature: _____	Date: _____
Please mail or fax your completed form to: <b>Alberta Blue Cross</b> <b>Health Services Provider Relations</b> <b>10009-108 Street</b> <b>Edmonton, AB T5J 3C5</b> <b>Fax: 780-498-3546</b> <b>Fax toll free: 1-855-498-3546</b>	For assistance with this form or more information about online claims submission, please call: <b>780-498-8083 (Edmonton and area), or</b> <b>1-800-588-1195 (toll free)</b>
Please note: Alberta Blue Cross has the right to refuse or remove direct deposit of funds at any time.	

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