

Direct Deposit Payment Request Form Professional Corporation (PC)

Ministry of Health
Medical Services
3475 Albert Street
Regina, Canada S4S 6X6

Medical Services Branch requires a completed *Direct Deposit Payment Request Form Professional Corporation* to set up direct payment to a practitioner's specific bank account.



If you are a practitioner **NOT** billing as a **PROFESSIONAL CORPORATION**, please use Direct Deposit Payment Request Form Non-Professional Corporation (Form MSB004).

Check one of the following:

Start a Direct Deposit

Change an existing Direct Deposit

PLEASE PRINT CLEARLY

Section 1 – Professional Corporation Information

Legal Name of Professional Corporation

Address of Professional Corporation:

City/Town:

Email Address of Professional Corporation (This email address authorizes the Ministry of Finance to send payment notices or deposit advices via email)

MSB Billing
Number (4 digit)

Professional Corporation
Permit Number (5 digit)

Section 2 – Account Holder

It is a **mandatory** system requirement to provide the **name** of the Corporation's assigned director, referred to as the bank account holder used at the bank (must be the person(s) who **owns** the bank account).

Bank Account Holder's Name: _____

Section 3 – Banking Information**Complete A (PREFERRED) or B**

A. Attach a current blank personal or company cheque over Section 3. All cheques should be marked as "VOID". The payee's name and address **MUST** be pre-printed on the cheque.

Attach VOID Cheque

B. Have your financial institution complete and sign the following:

Branch (5 digit)	Institution (3 digit)	Account Number (12 digit)

Name and Address of Financial Institution:

Financial Institution Official's Signature and Stamp:

Section 4 – Authorization

I (the physician) hereby authorize direct deposit to the bank account as stated in Section 3. I (the physician) understand that the information provided herein will be used by the Government of Saskatchewan for the purposes of payment processing and accordingly is available to all departments of the Government of Saskatchewan for such purposes. Further, I (the physician) understand that this agreement may be cancelled at any time by myself or the Government of Saskatchewan by written notice. **PLEASE NOTE: THIS SECTION MUST BE SIGNED BY THE PHYSICIAN COMPLETING THIS FORM. DIGITAL SIGNATURES WILL NOT BE ACCEPTED!**

Name:	Signature:
Title:	Date (dd/mm/yyyy):
Daytime Telephone Number: ()	

For Office Use Only	Supplier Site Name	
	Date Received in Finance	
	Received by	
	Date Entered on MIDAS	
	Entered by	

For more information on completing this application, please contact the Medical Services Branch Financial Services Unit at (306) 787-2821 or accountingunitsb@health.gov.sk.ca. Please **forward completed form** by fax to **306-798-1124** or to caseworkunitsb@health.gov.sk.ca. Please note that Direct Deposit information can take up to 7-10 business days to process.