

# 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:     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/Postal Code:
Email Address of Professional Corporation (This email address authorizes the Ministry of Finance to send payment notices or deposit advices via email. Only one email address will be accepted.)	
MSB Billing Number (4 digits)	Professional Corporation Permit Number (5 digits)
Section 2 – Account Holder	
It is a <b>mandatory</b> system requirement to provide the <b>name</b> of the Corporation's assigned director, referred to as the bank account holder used at the bank (must be the person(s) who <b>owns</b> 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: (       )

<b>For Office Use Only</b>	<b>Supplier #</b> _____	<b>Supplier Site</b> _____
	<b>Supplier Contact</b> _____	<b>Phone No</b> _____
	<b>Ministry Contact</b> _____	<b>Ministry</b> _____
	<b>Authorized Signature</b> _____	
By signing the above, I have confirmed that the ministry has verified the supplier phone number and phoned the supplier to verify the request.		

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