

CDCS HEALTH CLAIMS INC.

Members Direct Deposit (EFT) Application Form

CDCS Health Claims Inc. may use Electronic Funds Transfer (EFT) to process payments. With EFT, member/certificate holders do not receive cheques for payment. Instead, funds are electronically transferred via direct deposit, to the member/certificate holders bank account.

Upon payment, a detailed remittance advice, Explanation of Benefits (EOB) is sent by email.

The following applies to process a request for EFT set-up:

- √ The account must be with a Canadian bank
- ✓ Only claims in Canadian dollars (CAD) to a Canadian address are eligible for EFT
- ✓ Member/certificate holders must provide a valid email address for notification of EFT

In addition, one of the following forms must be attached to confirm accurate banking information:

Letter/ form from member/certificate holders banking institution

Void cheque

PLEASE EMAIL YOUR BANKING INFORMATION & COMPLETED EFT APPLICATION FORM TO:

claims@cdcs.ca

Indicates Mandatory Fields	
Certificate Information	* Address:
*Group & Certificate Number:	
* Your Name on your Bank Account:	
*Email Address for (EOB) (Send application from this address)	
*To agree to receive Direct Deposit of claims payments and Emailed Explanation of Benefits (EOB) PLEASE SIGN HERE.	
Banking Information	
*Banking Institution Name:	
*Bank Address:	*City:
*Province:	*Postal Code:
*Transit #: (length 5)*Institution #: (length 3)	*Account #:
	(Max 12 numbers no spaces or dashes)
FOR OFFICE USE ONLY:	Position:
Authorized Name: Authorized Signature:	Date:
Authorized Signature.	Date.
Cheque Sample – Your Cheque Number maybe to the left of the Transit Number	All banking information is regarded as confidential and is used strictly for setting up EFT data.
Transit# Institution# Account#	We can accommodate students with different bank accounts, a separate form will be required.