



CDCS HEALTH CLAIMS INC.

Providers Direct Deposit (EFT) Application Form

CDCS Health Claims Inc. may use Electronic Funds Transfer (EFT) to process payments. With EFT, providers do not receive a cheque for payment. Instead, funds are electronically transferred via direct deposit, to providers bank account.

Upon payment, a detailed list of claims paid 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
- ✓ Provider 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 providers banking institution
- Void cheque

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

claims@cdcs.ca

*Indicates Mandatory Fields

<u>Provider Information, Name:</u>	* Address:
*Provider Registration Number:	
* Name on Bank Account:	
*Email Address for Remittance (EOB) (Send app from this address)	
To agree to receive Direct Deposit of payments and emailed Explanation of Benefits (EOB) _____	
Please sign here	

<u>Banking Information</u>	
*Bank Institution Name: _____	
*Bank Address: _____	*City: _____
*Province: Ontario _____	*Postal Code: _____
*Transit #: (length 5) _____	*Institution #: (length 3) _____
*Account #: _____ (Max 12 numbers no spaces or dashes)	

FOR OFFICE USE ONLY: Authorized Name: Authorized Signature:	Position: Date:
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<p>Cheque Sample – Your Cheque Number maybe to the left of the Transit Number</p> <p style="text-align: center;"> </p>	<p>All banking information is regarded as confidential and is used strictly for setting up EFT data.</p>
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