



PHYSICIAN ACCOUNTS PAYABLE DIRECT DEPOSIT REQUEST FORM

This form is to be completed for new vendor ID requests or updates to existing banking information

Legal Name (as per the Contract):

Physical Address (no P.O. Box):

Practitioner MSP Number: (Please tick if MSP Number Pending)

GST Number:
(For Admin Service Contract Physicians only - attach your GST confirmation notice.)

Are you a non-resident of Canada for tax purposes: Y / N (please circle)
(If you are a non-resident Withholding Tax per CRA Regulation 105 may apply at a rate of 15%)
Additional detail [here](#).

Payment Advice Notifications (sent by email only, no hard copies will follow)

E-mail Address:
NOTE: payment advices are system generated sent from: fs84prd@nhsa.ca as email with attachments. Enable your computer to accept these emails.

Phone:

Signature: _____ Date: _____

Financial Institution Information

Please mail or email to the below Program Contact the completed request with a copy/scan of your Void Cheque in the following formats:

- 1) Sign onto the online banking and print a copy of the void cheque
 - 2) Go into the branch to have the customer representative fill out the form and sign and stamp it
 - 3) Provide a recent bank statement showing account number and name with all financial info blanked out
- Note: The name on the void cheque must match the Legal Name to which the contract has been issued.**

**Program Contact:
Address:
Email:**

Processing may take up to 2 weeks upon submission of completed form. Please submit as soon as possible.

Program Use only:

Instructions:

1. Fill out the below checklist
2. Submit to Accounts Payable phsavi@hssbc.ca with copy to physiciancomp@phsa.ca **two weeks before** the effective date.

New Vendor Request **Update Request**

Effective Date for Vendor ID*:

Program: _____ (One form needed for all PHSA Programs)

**Checklist – must be completed before submitting to Accounts Payable
(Note: failure to complete the below checklist will result in delayed vendor set up)**

1. Does the Legal Name (above) align with the name per the contract? Y / N
2. Does the Legal name (above) align with the void cheque submitted? Y / N

3. If an Inc. Company, is the Company listed as “active” on the BC Online website? Y / N / NA
4. If GST registered, is the GST number “active” on the GST/HST Registry on the Canada Revenue Agency (CRA) website? Y / N / NA
5. If GST registered, does the GST name match the Legal Name per the contract? Y / N / NA
6. If Physician has circled Y for Non-Resident, issue WHT email to confirm that physician is Non-Resident for tax purposes Y / N / NA

Received by:	Received (Date):	Approved by:	Sent to Accounts Payable (Date):

Accounts Payable Use only:

Entered by:	Output verified by:	Date verified:
Vendor Name:		Vendor ID Number: