



Health, Healthy Living and Seniors

Health Workforce Secretariat
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PRACTITIONER APPLICATION FOR ELECTRONIC FUNDS TRANSFER

Practitioner Name: _____ MHHLS Billing No: _____

Address: _____

Please list Electronic User Site Number(s) that this banking arrangement will apply to:

1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____

Section A. Payment Data

Name and Address of Financial Institution:

Transit (Branch) Number: _____ Account Number: _____

Note: A blank voided cheque (legible photocopy will be accepted) from the Financial Institution where you bank, with the micro-coded Branch, Institution and Account Number, must be submitted with this application. If a voided cheque is not supplied, the application will be returned to you unprocessed.

Section B. Authorization for Electronic Funds Transfer from Manitoba Health, Healthy Living and Seniors (MHHLS)

I hereby authorize MHHLS to make payments under the above billing number directly to the account indicated in Section A above.

Practitioner's Signature Date Telephone

Note: Application forms must be received 10 business days prior to the payment date in order to make the appropriate changes. It is suggested that you do not close your old account until your first direct deposit is successfully made to your new account.

Internal Use Only

Payment Indicator: _____
 New EFT EFT Change