



Innovation in group
insurance and health

Direct deposit registration form

If completing this form by hand, **please write in legible block letters** and send it to us using one of the following methods:

Email: support@segic.ca

Fax: 514-312-9047

Mail: Segic, 7220, Grande-Allée Blvd., Saint-Hubert, (Quebec) J3Y 0N8

IMPORTANT

All fields must be completed.

If necessary you can modify the information by sending us a corrected form.

Identity of the requesting pharmacy					
Pharmacy corporate or business name					
Chain/Banner			RAMQ registration number - <i>(Quebec pharmacies only)</i>		
Address					
City		Province		Postal Code	
Telephone			Fax		
Primary Email address					
Contact person			Title		
Preferred communication method		<input type="checkbox"/> Email	<input type="checkbox"/> Telephone		Language
		<input type="checkbox"/> Fax	<input type="checkbox"/> Mail		
<input type="checkbox"/> English					

Banking information		
Branch or transit number	Institution number	Account number
Telephone number		Date when Segic can activate the link to your account



Please enter the names of all signing authorities, with their practice registration number and signature.

Authorization and signature

I, the undersigned, declare that I am a signing authority authorized to complete this form on behalf of the applicant pharmacy. I hereby authorize SEGIC to make direct deposits for the reimbursement of fees and expenses, in the bank account corresponding to the information entered on the first page of this form. The present instructions void all previous instructions concerning direct-deposit payment of requests for reimbursement. I also agree to reimburse SEGIC for any funds deposited by mistake in this account. This authorization will remain in effect until notice to the contrary.

Name of each owner-pharmacist (block letters)	Practice registration number	Signature

Include the cheque specimen marked “Void” here

The following information must appear on the specimen cheque:

- Business or commercial name
- Address
- Account number

If the specimen cheque does not include this information, please forward a letter from your financial institution confirming the name of the account holder, your account number and the name(s) of the signing authority or authorities.

If you have any questions, please contact us at 514-312-9046, ext. 106 or support@segic.ca

