

Direct Deposit Enrollment Authorization

For Healthcare/Non-Healthcare Providers

Direct Enquires to:
TELUS Health Registration Line
1-866-240-7492

Please return signed form to:
Fax: 1-855-296-5515

OR Mail to:
Provider management – TELUS Health
25 York Street, 20th floor, Quad A
Toronto, Ontario M5J 2V5

Legal Registered Name	TELUS Health Provider No.
Address	Tel. No.
	Fax No.
City/ Province/ Postal Code	Email (for confirmation of bank account changes)
Contact	Effective Date
Banking Information:	
Bank Name	Bank No.
Address	Transit No.
City, Prov., P.C.	Account No.
Phone	Fax

Please sign this form before returning to TELUS Health.

By signing this form, you; the undersigned; authorize TELUS Health to change your profile, including your bank account information.

Authorized Signature	Print Name	Title	Date
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Attach void cheque here

I do not have a void cheque but am including a signed or stamped letter from my bank confirming the name, account number and name(s) of the signing officer(s).

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