

REAP Undergraduate Direct Deposit Form

Should you have any questions, please call (604) 638-2929 (or call toll free in BC 1-800-665-2262 ext. 2929) or email benefits@doctorsofbc.ca

Name <i>(please print)</i>		BCMA ID
Payment Method <i>(please choose one)</i>		
<input type="checkbox"/> Attached is my PERSONAL void cheque for direct deposit <input type="checkbox"/> Attached is my CORPORATE void cheque (Note: a Certificate of Incorporation is required for corporate accounts, if not previously provided)		
Payment Confirmation <i>(please only choose one)</i>		
Email address _____ <input type="checkbox"/> business <input type="checkbox"/> home		
Authorization		
<p><i>I hereby authorize the BCMA to deposit my REAP payment directly into my bank account. I have attached a void cheque for the account to be used for this purpose.</i></p>		
X _____ <i>Signature</i>		_____ <i>Date</i>

BCMA will only retain this form for two years, so please ensure your payments are deposited to the correct account.

This form may be faxed to (604) 638-2913 or emailed to benefits@doctorsofbc.ca