



Vendor Name (& MSP number if applicable)

Full Address:

ATTENTION VENDOR/PHYSICIAN/ACCOUNTS RECIEVABLE:

We prefer to complete payment using Electronic Funds Transfer (EFT). Please select one of the following options and return to finance@rccbc.ca, Attn: Accounts Payable, RCCbc.

1. USE THE INFORMATION ON FILE WITH DOCTORS OF BC

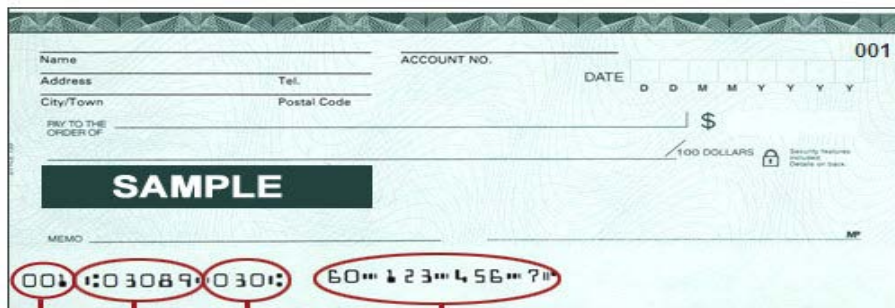
If you would like us to use the information Doctors of BC already has on file for you, please select one of the following options.

I authorize RCCbc to use my Personal banking information on file.

I authorize RCCbc to use my Corporate banking information on file.

2. PROVIDE NEW BANKING INFORMATION

Please provide a void cheque OR complete the following:



Cheque Number	Transit Number	Institution Number	Account Number	Name of Financial Institution
(5 digits)	(5 digits)	(3 digits)		
_____	_____	_____	_____	_____

PAYMENT CONFIRMATION – an email is required for the remittance advice.

E-mail Address: _____

Signature: _____ Date: _____

Doctors of BC will only retain this form for two years.