



DIRECT DEPOSIT FORM

(Applicable to pharmacies in Quebec)

Express Scripts Canada requires ten (10) business days to process Direct Deposit set-up or modifications. Please return the completed, signed form and VOID cheque or official bank letter using one of the following:

By fax at 1-855-622-0669

or

By mail to: Express Scripts Canada, Attention: Provider Relations, 6985 Financial Drive, Suite 300, Mississauga, ON L5N 0G3.

SECTION A – PHARMACY INFORMATION

Provider Number: _____

Legal Business Name: _____

Address: _____

City, Province, Postal Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

SECTION B – DIRECT DEPOSIT INFORMATION

☐ Set up Direct Deposit ☐ Modification to Direct Deposit

I instruct Express Scripts Canada to set up or change my direct deposit payment information. This form authorizes deposits to the account and does not authorize withdrawals or any other transactions with respect to the account. All information will be treated as PRIVATE AND CONFIDENTIAL. I will advise Express Scripts Canada promptly of any changes to bank, branch or account numbers.

Effective Date: _____

Complete the information below and attach:

☐ VOID Cheque (photocopy of void cheque is acceptable when faxing)

or

☐ Official Bank Letter

Bank Name: _____ Branch Name: _____

Branch Address: _____

City: _____ Province: _____ Postal Code: _____

Bank No.: _____ Branch/Transit No.: _____ Account No.: _____

SECTION C – SIGNATURE

Full name of Owner or Director of the Business (please print)

Title (please print)

Signature

Date