

Direct Deposit Enrollment Authorization

For Healthcare/Non-Healthcare Providers

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

Please return signed form to:
Fax: 1-866-840-1466

OR Mail to:
Provider Services Dept. - TELUS Health Solutions
1000-5090 Explorer Drive
Mississauga, ON L4W 4X6

Legal Registered Name	WSIB /TELUS Health Solutions 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 Solutions
By signing this form, you; the undersigned; authorize TELUS Health Solutions
to change your profile, including your bank account information.

Signature of Provider	Print Name	Title	Date
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Signature of Clinic Owner*	Print Name	Title	Date
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* If this request is from a provider who is switching (i) from a shared clinic bank account to an individual account, (ii) from an individual account to a shared clinic bank account; or (iii) to a bank account not under the clinic owner name or provider name, an authorizing signature of the clinic owner is required on the form before any changes can be made.

Affix Pre-Printed void cheque here**

** If the cheque is not pre-printed with either legal or operating name then a signed letter from your bank confirming the name and the account number with the name of the signing officers is required.

Please ensure that you are receiving direct deposits into your new bank account before closing your old bank account.

Two weeks advance notice is required to ensure changes are done promptly

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