
Direct Deposit Registration Request Form

Part A: Payee Identification

Employee Name: _____ Telephone: _____

Business Name (Employer): _____

Part B: Direct Deposit Information

1. The intent of this request is to facilitate the payment of health benefit claims submitted by the Employee identified in Part A by Direct Deposit from Brock Health Administration Ltd (Brock Health). Brock Health will credit the bank account of the Employee for the reimbursement amount of the health benefit claim submitted by the Employee.
2. The initial and subsequent Direct Deposits will be made to the same bank account, identified below, until such time as the Employee notifies Brock Health of any change of the account. The Employee understands that providing new banking information replaces any banking information on file at Brock Health and will stay in effect until changed by the Employee.
3. The Employee may change or cancel these instructions at any time provided that Brock Health receives at least 5 business days notice by FAX, or mail. The Employee may contact Brock Health at 239 Midpark Way SE, Suite 210, Calgary, AB T2X 1M2 or toll free at 1-866-959-7483.
4. Brock Health uses a third party to administer Direct Deposits. This provider is currently Bambora AB of #200 – 1803 Douglas Street, Victoria, British Columbia, V8T 5C3.
5. Privacy Notice: The personal information on this form and related attachments is collected by Brock Health Administration Ltd. for use only in depositing reimbursements or payments related to Private Health Services Plans. Your name, contact information, payment amount(s), bank account, will be disclosed to financial institutions and payment providers for Direct Deposit purposes only. Your personal information is protected and will only be used and disclosed in accordance with the Privacy Act. Individuals have the right to request access and correct their personal information, if erroneous or incomplete.
6. The Employee acknowledges and agrees that the Employee is fully liable for any charges or delays incurred if the deposits cannot be made due to a closed account or any other reason. The Employee is held accountable for compensation to Brock Health for those charges.
7. A VOID cheque or approved bank branch validation form **must be attached** with this agreement to verify the account information. This form and bank information can be submitted in advance or at the time of the first health benefit claim. Brock Health will retain the bank account information in their secure files, so that it is only required once.

Part C: Bank Account Information

Attach VOID Cheque Here