



Direct Deposit Form

Vendor / Registered Account Business Name (Please Print)

Payee's Name on Void Cheque (As Listed Exact on Void Cheque)

Manitoba Public Insurance (MPI) is hereby authorized to deposit any funds payable to the Payee to the account described below ("the Account"). This authority will remain in effect until specifically revoked. Revocation shall be by written notice to MPI and to the financial institution where the Account is located and shall not be effective until service of the notice has been effected on both. Please return completed form by:

- **Mail:** **Manitoba Public Insurance**
 PO Box 6300,
 Winnipeg, MB, Canada
 R3C 4A4
 (Datastewardship, 8th Floor)
- **Fax:** **(204) 985-7118 (Attn. Health Care Services)**
- **E-mail:** **healthcareservices@mpi.mb.ca**

Printed Name of Authorized Representative: _____

Position(s) / Title(s) of Person(s) Signing: _____

Daytime Telephone Number(s): _____

Signature(s) of Authorized Representative(s): _____

PLEASE ATTACH A VOIDED CHEQUE/DIRECT DEPOSIT BANK FORM
AND CHECK OFF ONE OF THE BOXES BELOW

☐ Chequing

☐ Savings

SELECTION REMITTANCE ADVICE:

A separate remittance advice will be sent to you detailing the invoices paid on your direct deposit.

Please select one of the options below in order for you to receive your remittance advice:

<u>Method</u>	
	Fax Number: (enter 1 and area code if long distance from Winnipeg):
_____ Fax	(_____) (_____) (_____)
_____ E-Mail	E-mail Address: _____