

PATIENT & FAMILY PARTNER DIRECT DEPOSIT FORM

NAME:

First

Middle

Last

ADDRESS:

Unit #

Street #

Street Name

City/Town/Village

Postal Code

EMAIL:

PHONE #

CELL #

Attach your void cheque here
OR
Scan and email your void cheque
OR
Provide a Banking Information Verification Form *

* A signed copy of the Banking Information Verification Form can be obtained from your bank. Handwritten banking details cannot be accepted.

Do you wish to receive a deposit detail by email notification?

Yes

No

NB: If you select no above, please retain a copy of your Committees Reimbursement Request.

SIGNATURE

DATE

Completed forms can be sent by mail or email to Teresa Penny, Accounts Payable Department, KCMH, P.O. Box 6600 Charlottetown, PE C1A 8T5 or to tapenny@ihis.org.