group and individual benefits
PLATFORM AI

DIRECT DEPOSIT

Direct deposit registration form

Complete this form and return it to us by:

Email support@segic.ca
Fax 514-312-9047

All fields are required

Type of request

- ☐ First registration
- ☐ Update banking information
- ☐ Update online statements
- ☐ Update contact information (address, telephone, email, fax…)
- ☐ Update contact person
- ☐ Update provider number

Identity of the requesting pharmacy

Pharmacy corporate or business name

Chain or banner

Provider number (RAMQ number in Quebec)

Address

City

Province

Postal code

Telephone

Fax

Primary email address

Contact person

Title

Preferred communication method

- ☐ Email
- ☐ Telephone
- ☐ Fax
- ☐ Mail

Correspondence language

- ☐ French
- ☐ English

Authorization and signature

Please list below every authorized signatory of the pharmacy, with their licence number and signature.

I, the undersigned, declare that I am a signing authority entitled to complete this form on behalf of the requesting pharmacy. I hereby authorize Segic to make direct deposits, for the reimbursement of fees and services incurred, into the bank account identified in the banking information section on the first page of this form. These instructions supersede all previous instructions regarding the payment of claims by direct deposit. I also agree to reimburse Segic for any funds deposited into this account in error. This authorization remains in effect until further notice.

Authorized signatories of the pharmacy

Name of each pharmacist owner	Licence number (OPQ in Quebec)	Signature

Title of authorized signatory

Date signed

Banking information

Branch or transit number

Institution number

Account number

Financial institution telephone number

Date when Segic may activate the link to your account

Attach the specimen cheque marked “Void” here

The following information must appear on the specimen cheque:

- corporate or business name
- address
- account number

If the specimen cheque does not show this information, please send us a letter from your financial institution confirming the name of the account holder, the account number and the name or names of the signing authorities.

ONLINE STATEMENTS

Online statements registration form

You must submit a separate request for each of your locations.

All fields are required. If the pharmacy contact information is the same as on the direct deposit registration form, you do not need to complete the “Pharmacy” section.

Applicant

Last name

First name

Telephone

Fax

Email

Pharmacy

Pharmacy corporate or business name

Chain or banner

Provider number (RAMQ number in Quebec)

Address

City

Province

Postal code

Questions about this form?

Telephone: 1 844 786-4704 Email: support@segic.ca