

DIRECT DEBIT BANKING AUTHORIZATION AND/OR CHANGE



Name: _____
(Please Print)

Doctors of BC ID #: _____

MSP # _____

I/we hereby authorize Doctors of BC (BCMA) to withdraw the dues and/or premiums for the programs indicated below from the bank account(s) designated on this form, and if applicable, I/we authorize the change of my/our existing bank account records with the new information provided on this form. ***I have attached a cheque(s), unsigned and marked VOID for the account(s) to be used for the following program(s):***

Check all Program(s) you are enrolled in, for which you are authorizing Direct Debit.	Check ONE bank account for each Program you are enrolled in.	
	Personal Bank Account	Corporate Bank Account
Health Benefit Trust Fund Plan ¹ – Account Code _____	<input type="checkbox"/>	or <input type="checkbox"/>

¹For the Health Benefits Trust Fund a Corporate account must be designated, or if not incorporated, a personal account used for business expenses must be designated.

NEW BANK ACCOUNT:	<input type="checkbox"/> PERSONAL ACCOUNT – Void Cheque Attached
	<input type="checkbox"/> CORPORATE ACCOUNT – Void Cheque & Copy Certificate of Incorporation Attached (if not previously submitted)

ATTACH VOID CHEQUE(S) HERE

I/we will notify Doctors of BC (BCMA) in writing of any changes in the account information or termination of this authorization at least thirty (30) days prior to the next payment date. My/our financial institution will treat each debit as if I/we had personally issued a written direction authorizing Doctors of BC (BCMA) to debit the amount(s) specified to my/our account and need not verify that payments are drawn in accordance with this authorization. I/we acknowledge that delivery of this authorization to Doctors of BC (BCMA) constitutes delivery to my/our financial institution. I/we warrant that all persons whose signatures are required to sign upon this account have signed this authorization.

X _____
(Signature) (Date)

X _____
(Signature³ - joint personal bank account holder) (Date)

X _____
(Signature³ - joint corporate bank account holder) (Date)

³For joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account.