200 Quikcard Centre
17010-103 Ave
Edmonton, Alberta, T5S 1K7
p 780.426.7526 | 1.800.232.1997
f 780.425.1625 | Quikcard.com

PROVIDER ELECTRONIC DEPOSIT AUTHORIZATION

INSTRUCTIONS: Please do not forget to sign and date this form.	**IMPORTANT:** This form will be returned to you if it is incomplete or unsigned.	**COMPLETED FORM:** Can be mailed, faxed or emailed to admin@quikcard.com.

1. Provider Information

Name | Provider ID # | Phone # | Email

Address | City | Province | Postal Code

☐ *Please use this email address for payment notifications.*

2. Banking Information

Name of Bank

Branch Address | City | Province | Postal Code

Branch Number | Institution Number | Bank Account Number

Please attach a void cheque with this form

3. Disclaimers

PRIVACY NOTICE: The information requested in respect of this form is required by Quikcard for benefits administration purposes. For these purposes Quikcard will, where necessary, collect from and exchange information with others. For more information, consult Quikcard's privacy policy or contact Quikcard by phone or mail.

AUTHORIZATION: I authorize Quikcard Solutions Inc. ("Quikcard") to credit the account identified (the "Account") for payments administered by Quikcard in respect of treatment claims. Each payment shall be the same as if I had personally received a cheque from Quikcard and deposited it to the Account. I will update the Account promptly if I move the Account from my Bank or branch to another, or if there is any other change in the Account. This authorization may be cancelled at any time upon written notice by me to Quikcard. Any delivery of this authorization to Quikcard constitutes delivery by me to my Bank. I am the person who is authorized to sign on the Account.

Signature of Provider | Date