



Scalable platform for
global benefits

Direct deposit registration form

Fill out this form and send it to :

Email: support@segic.ca

Fax: 514-312-9047

Mail: Segic, 7220, Grande-Allée Blvd., Saint-Hubert, (Quebec) J3Y 0N8

IMPORTANT

All fields are required.

Type de demande	<input type="checkbox"/> 7 registration	<input type="checkbox"/> Edit contact person
<input type="checkbox"/> Edit direct deposit	<input type="checkbox"/> Edit office ID	<input type="checkbox"/> Edit online statement
<input type="checkbox"/> Edit contact information (address, phone, email, fax...)		<input type="checkbox"/> Add/Remove dentist

Identity of the requesting dental office						
Dental office name						
Dental office ID (CDAnet/ACDQ/DACnet™/CDHA-ACHDnet™)						
Address						
City		Province		Postal Code		
Telephone		Fax				
Primary Email address						
Contact person		Title				
Preferred communication method		<input type="checkbox"/> Email	<input type="checkbox"/> Telephone	Language	<input type="checkbox"/> French	<input type="checkbox"/> English
		<input type="checkbox"/> Fax	<input type="checkbox"/> Mail			

Banking information		
Branch or transit number	Institution number	Account number
Telephone number		Date when Segic can activate the link to your account

Please list below the details of all dentists for whom you wish to receive claims payments.

Dentistes pour lesquels vous souhaitez recevoir le paiement des réclamations

I, the undersigned, declare that I am authorized to complete this form on behalf of the applicant dental office. I hereby authorize SEGIC to make direct deposits for reimbursement of fees and services incurred, into the bank account information specified in the direct deposit section on the first page of the form. These instructions supersede all previous instructions regarding direct deposit payment of claims. I also agree to reimburse SEGIC for any funds mistakenly deposited into this account. This authorization remains in effect until further notice.

First and last name of the dentist	Unique identifier number	Speciality	Add/Remove

Include the cheque specimen marked “Void” here

The following information must appear on the specimen cheque:

- Business or commercial name
- Address
- Account number

If the specimen cheque does not include this information, please forward a letter from your financial institution confirming the name of the account holder, your account number and the name(s) of the signing authority or authorities.

Registration for online statements form

IMPORTANT

All fields are required (if the contact information for the dental office is the same as the form above (direct deposit enrollment form), you don't need to complete the "Dental office" section below).

Applicant			
Last name		First name	
Telephone		Fax	
Email			

Dental office					
Dental office name					
Dental office ID ((CDAnet/ACDQ/DACnet™/CDHA-ACHDnet™)					
Address					
City		Province		Postal Code	

If you have any questions, please contact us at 514-312-9046 or by email at support@segic.ca

