



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 must be completed.**

Type of request	<input type="checkbox"/> <b>First registration</b>	Update contact person
Update direct deposit	Update provider number	<input type="checkbox"/> Update online statement
<input type="checkbox"/> Update contact information (address, phone, email, fax...)		

Identity of the requesting pharmacy					
Pharmacy corporate or business name					
Chain/Banner			Provider number - (RAMQ # for Quebec)		
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"/> Français <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 enter the names of all signing authorities, with their practice registration number and signature.

### Authorization and signature

*I, the undersigned, declare that I am a signing authority authorized to complete this form on behalf of the applicant pharmacy. I hereby authorize SEGIC to make direct deposits for the reimbursement of fees and expenses, in the bank account corresponding to the information entered on the first page of this form. The present instructions void all previous instructions concerning direct-deposit payment of requests for reimbursement. I also agree to reimburse SEGIC for any funds deposited by mistake in this account. This authorization will remain in effect until notice to the contrary.*

Name of each owner-pharmacist	Practice registration number	Signature

### 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

## **IMPORTANT**

*You must complete a separate application for each of your locations.*

**All fields are required** (if the pharmacy's contact information is the same as on the direct deposit enrollment form, you do not need to complete the "My pharmacy" section).

Applicant			
Last name		First name	
Telephone		Fax	
Email			

My pharmacy			
Pharmacy corporate or business name			
Chain/Banner		Provider registration number – (RAMQ # in Quebec)	
Address			
City		Province	
		Postal Code	

If you have any questions, please contact us at 514-312-9046 or by email at [support@segic.ca](mailto:support@segic.ca)

