PROVIDER EFT FORM

CANADIAN BENEFIT PROVIDERS

PAYEE INFORMATION

PROVIDER NAME (PAYEE)			
PAYEE ADDRESS (NUMBER, STREET)	CITY/TOWN	PROVINCE	POSTAL CODE
PHONE NUMBER	CDA Unique ID # & Office # (Mandatory for Dental Offices)		

PAYMENT INFORMATION

CONTACT NAME (First Name, Last Name)	
EMAIL for EFT notification (Mandatory)	

*Required: VOID CHEQUE OR PRE-AUTHORIZED DEBIT FORM FROM BANKING INSTITUTION ATTACHED ☐

PAYEE AUTHORIZATION

By signing this application, I certify that the information provided on this form and proposal is complete and accurate.

SIGNATURE	DATE (mm/dd/yyyy)
SIGNATORY NAME	TITLE

Please submit completed forms to CBP by email at helpdesk@cbproviders.ca.

CBP Help Desk
T: 780.944.9166 ext 280 F: 844.944.9168
T (toll free): 855.944.9166 ext 280
E: helpdesk@cbproviders.ca

Help Desk Hours
Monday – Friday: 7 am – 6pm MST
Saturday, Sundays and Holidays: Closed