

Health and Healthy Living
Health Workforce/Insured Benefits Branch
3rd floor 300 Carlton Street
Winnipeg MB R3B 3M9

APPLICATION FOR ELECTRONIC FUNDS TRANSFER

Dr:	MH Billing	MH Billing No.	
Address:	User No.		
	Indicator:		
		(Internal use only)	
A. Payment Data			
Name and Address of Financial Institution	:		
Branch:			
Account Number:			
**Note: A blank voided cheque from the Fi micro-coded Branch, Institution and Accou application.	•	•	
B. Authorization for Electronic Funds T	ransfer from Manitoba Hea	lth	
I hereby authorize Manitoba Health to mak directly to the account indicated in Section		e billing number	
Applicant's signature	Date	Telephone	
You will be contacted by phone to confir made by means of this application.	rm any changes to existing ar	rangements	

MH#521

