MSPEI
MEDICAL SOCIETY
of Prince Edward Island

DIRECT DEPOSIT ENROLLMENT FORM

CONFIDENTIAL WHEN COMPLETED

Company / Individual Name: _____

Address: **Street** _____

City _____

Province _____

Postal Code _____

Bank Name: _____

Institution Number (3 digits) _____

Branch Number (5 digits) _____

Account Number _____

Email Address for remittance advice _____

Authorization:
I authorize the Medical Society of Prince Edward Island to deposit payments to the bank account identified above. I also agree that any duplicate payment, over-payment, fraudulent payment or payment made in error will be promptly returned to MSPEI.

_____	_____	_____
Printed Name	Title	Date

_____
Signature

Please return your completed form and **void cheque** to:

Doug Carr
Medical Society of PEI
2 Myrtle Street
Stratford, PE C1B 2W2
finance@mspei.org
Fax: 902-566-3934