

New Banking Information			
Name of Bank			
Branch Address	City	Province	Postal Code
Branch Number	Institution Number	Bank Account Number	

****Please attach a void cheque with this form****

Disclaimers

PRIVACY NOTICE: The information requested in respect of this form is required by ADSC for benefits administration purposes. For these purposes ADSC will, where necessary, collect from and exchange information with others. For more information, consult ADSC's privacy policy or contact ADSC by phone or mail.

AUTHORIZATION: I authorize ADSC to credit the account identified (the "Account") for payments administered by ADSC in respect of treatment claims. Each payment shall be the same as if I had personally received a cheque from ADSC and deposited it to the Account. I will update the Account promptly if I move the Account from my Bank or branch to another, or if there is any other change in the Account. This authorization may be cancelled at any time upon written notice by me to ADSC. Any delivery of this authorization to ADSC constitutes delivery by me to my Bank. I am the person who is authorized to sign on the Account.

Signature of Provider

Date

The Alberta Dental Service Corporation (ADSC) provides services to the Government of Alberta in connection with the administration of various Government funded social benefit programs. ADSC makes this request in pursuant to sections 33(c) and 34(l)(k) for the Freedom of Information and Protection of Privacy Act.