

# Confirmation of Banking Information

New Physician

Updated Physician Information

## Physician Contact Information:

Name: \_\_\_\_\_

CPSO No.: \_\_\_\_\_ OHIP Billing No.: \_\_\_\_\_

Corporation Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

I would like to be contacted about opportunities with the Ontario Physician Locum Programs (OPLP)

## Banking Information (if applicable):

Void cheque included (if incorporated please include cheque for corporate account)

**I hereby authorize payments for the Rural Family Medicine Locum Program to be made by direct deposit to the account indicated on the attached voided cheque.**

Physician Signature

Date

Please complete and return this form to:  
**Rural Family Medicine Locum Program**  
163 Queen St. East, Toronto ON M5A 1S1  
Tel.: 1-800-596-4046 ext. 3  
Fax: 416-874-4075 / 1-866-535-2694  
Email: locum@healthforceontario.ca

**NOTE: For security reasons, if submitting banking information please fax completed form and void cheque to 1-866-535-2694, Attention: Operations Coordinator**

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