



185 The West Mall, Suite 600  
Toronto, ON M9C 5L5

647-722-3054 (Toronto Area) / (Toll Free Fax) 1-877-639-4369

**BANKING / PAYMENT OPTION INFORMATION CHANGE:**

**We require a void cheque or a statement from the banking institution where the change will take affect. Please complete the following with your signature to give us authorization to make the amendments accordingly.**

To Whom It May Concern:

As of \_\_\_\_\_ please note that the banking / payment information for our  
Date  
location will be changing.

I \_\_\_\_\_ give NexgenRx authorization to amend our account.  
Pharmacy Manager/Owner  
(Please print)

**PAYMENT OPTION CHANGE :** Payment will be sent by us to you by Electronic Funds Transfer into your bank account.

\_\_ on the next business day following the date of service for a charge of \$0.10 for each claim paid  
\_\_ bi-monthly on or about the 15<sup>th</sup> and 30<sup>th</sup>

Pharmacy Name: \_\_\_\_\_  
**Provider #** \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

Signature of the authorizing Pharmacy Manager/Owner

\_\_\_\_\_  
Date: \_\_\_\_\_

**ATTACH NEW VOID CHEQUE HERE**

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**Please Print Bank Account Information**

**NOTE: If a void cheque is not available a bank statement is required.**