



Veterinary Drugs Directorate (VDD) Health Products and Food Branch (HPFB)

Method of Payment for Veterinary Drugs

This form contains payment information which **should not be included within an electronic submission**, as the information cannot be deleted and will remain as part of the submission on record.

Fees payable to Health Canada (HC) must be paid in Canadian funds only. Payment may be paid by credit card, cheque, money order, wire transfer, or directly at a financial institution.

Cheques, money orders or international bank drafts are to be made payable to the "Receiver General for Canada". Cheques drawn on non-Canadian banks must be issued in coordination with a referenced Canadian bank (that is, referenced on the cheque), otherwise they are not accepted.

Note: There are no fees for the filing of a Master File (MF), update, or Letter of Access when used only towards a veterinary drug product.

For any questions regarding payment of fees when filing a submission, please contact:

Submission Office
Submission and Knowledge Management Division
Veterinary Drugs Directorate

E-mail: SKMD-SO_DGPS-CP@hc-sc.gc.ca
Tel: 613-941-8845
Fax: 613-954-9860

For payment of invoices already issued, send directly to:

Health Canada
Accounts Receivable, A.L. 1918B
18th Floor, Room 1804B
161 Goldenrod Driveway
Ottawa, ON K1A 0K9
Email: AR-CR@hc-sc.gc.ca
Tel: 1-800-815-0506, 613-957-1052

Complete the applicable tables below when making a payment.

Information Required for Payment

Billing Contact Information – This section must be completed

Invoice Number, if applicable	
Product Name	
Customer Number	
Company Full (legal) Name	
Company Address	
Contact Name (with Salutation – Mr., Mrs., Ms., Dr.)	
Title	
Telephone Number	
Email	

Payment Options:

1. **Payment by Cheque**
2. **Payment by Credit Card**
3. **Payment by Wire**
4. **Full/Partial Payment Using Existing Credit**
5. **Payment Through a Financial Institution**

Complete and attach applicable payment option.

1. Payment by Cheque

Customer Number (to which money should be applied)	
Cheque Number	

2. Payment by Credit Card

Acceptable methods of sending credit card information include hard copy by mail, facsimile, or verbally over the telephone. Any other methods of paying by credit card will be refused.

Credit Card Type (VISA, MasterCard or American Express)	
Credit Card Holder's Name	
Credit Card Number (full number)	
Credit Card Holder's Email Address	
Credit Card Holder's Telephone Number	
Credit Card Expiry Date (YYYY-MM)	

3. Payment by Wire

An invoice number must be created when a submission is being paid by wire transfer. Please contact the Veterinary Drugs Directorate at SKMD-SO_DGPS-CP@hc-sc.gc.ca

Date Funds Wired: YYYY-MM-DD					
Name of Originator Bank					
Amount of Funds Wired (CAD)					
Transaction Receipt Included	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Provide a copy of transaction receipt

Wire payments of fees will only be accepted when wired in CANADIAN FUNDS to:

Bank: Scotiabank
 Toronto Business Service Centre
 40 King Street West
 Toronto, ON M5H 1H1
 Canada

SWIFT: NOSCATT

Bank Number: 002

Transit Number: 47696

Beneficiary Name: HEALTH CANADA – CFOB

Beneficiary Account Number: 476961242210

Description Field: 022-22879

Please ensure all service charges, including fees charged by your bank or any intermediary banks, are covered by your payment. HC is not responsible for any fees charged during the transfer process. Failure to pay the full amount outstanding will result in a balance owing on your account. Any payments sent in non-Canadian funds will be rejected. If problems occur with the transaction, please contact the Scotiabank at 416-866-6430.

4. Full/Partial Payment Using Existing Credit

You may apply your credit balance to payment/partial payment of submission fees. If insufficient credit, use an additional payment option.

Please note: overpayment of fees will be either refunded or credited to your account. A written request submitted to skmd-so_dgps-cp@hc-sc.gc.ca from an authorized person is required for refund of a credit balance.

Customer Number Containing Credit	
Account Name	
Existing Credit Amount (CAD)	

5. Payment through a Financial Institution

This requires the sponsor to have a HC Customer Number and a Client Reference Number (CRN) in order to create the PAYEE account at the financial institution. The CRN is located on all invoices.

Customer Number	
Client Reference Number (CRN) = Client ID	
Date Funds Paid: YYYY-MM-DD	
Amount of Funds Paid (CAD)	

Steps to pay online through your financial institution are as follows:

- Log in to your online bank account
- Click Pay Bills and select Add a bill Payee
- Type "Health Canada" in the Name of the Organization (Payee) field
- Select Health Canada - Health Product and Food Branch (HPFB) Click OK
- Type your Client Reference Number = Client ID Number into the Account Number field
- Click OK or Submit

The steps may be slightly different for each institution. For assistance on setting up a PAYEE, please contact your financial institution directly.

It may take 3-4 days before the funds are in your HC account.

How to Obtain a HC Customer Number and a CRN

If you do not have an account with HC for payment of drug submissions then you should send an e-mail to the Client Information Unit of the Office of Submissions and Intellectual Property at [Client Information Unit of the Office of Submissions and Intellectual Property](mailto:sipd-clientinformation@hc-sc.gc.ca) (sipd-clientinformation@hc-sc.gc.ca) with the following information:

- Full legal name of the manufacturer/sponsor,
- Address, and
- Contact person information (Given Name, Surname, Position, Department, Telephone Number, Fax Number and E-mail Address).

If the name and/or address of the company to whom the invoice is to be sent (billing contact) is different from the manufacturer/sponsor named above, please also provide the following:

- Full legal name of the manufacturer/sponsor responsible for the billing,
- Address for the billing, and
- Contact person information for the billing (Given Name, Surname, Position, Department, Telephone Number, Fax Number and E-mail Address).

The Client Information Unit will email your HC Customer Number for drug submissions and the corresponding CRN to you when they have been generated.