



Protected B (When Complete)

## Details for Payment of a Drug Submission Invoice

*Do not include this form which contains credit card, wire, or cheque payment information within an electronic submission as the information cannot be deleted and will remain as part of the submission on record. Please mail this form with the invoice to Accounts Receivable (see address below).*

### 1) Invoice and Company Information

Invoice Number

Product Name

Company Name

Company Address

Telephone Number

International

Facsimile Number

International

Contact (with Salutation – Mr., Mrs., Ms., Dr.)

Title

Email

#### Payments by mail in response to an invoice should be sent directly to:

Health Canada  
Accounts Receivable, P/L: 1918B  
18th Floor, Room 1804B  
161 Goldenrod Driveway  
Ottawa, Ontario K1A 0K9

For further information on payment of invoices, contact Accounts Receivable at 1-800-815-0506, (613) 957-1052 or via email at [AR-CR@HC-SC.GC.CA](mailto:AR-CR@HC-SC.GC.CA)

### 2) Payment of Invoice(s) / Statement by Credit Card

Credit Card Type

Credit Card Holder's Name

Credit Card Number (full number)

Credit Card Holder's Address

Credit Card Holder's Telephone Number

International

Credit Card Expiry Date (YYYY-MM)

**3) Payment of Invoice(s) / Statement by Wire**

Date Funds Wired: YYYY-MM-DD

Name of Originator Bank

Amount of Funds Wired (CAD)

Transaction Receipt Included                      Yes              No              (Provide a copy of the transaction receipt)

**4) Payment of Invoice(s) / Statement by Cheque**

Account Number (to which  
money should be applied)

Cheque number

**5) Payment of Invoice(s) / Statement Balance Using Existing Credit**

*Please Apply the Following Credit towards*

Account Number Containing Credit  
(for example, DRSE2345)

Account Owner Name

Existing Credit Amount (CAD)

Invoice Number(s) to be paid

Account Number (To which  
credit should be applied)

**6) Payment of Invoice(s) / Statement Balance through a Financial Institution**

Customer Account Number  
e.g., DRSE0000

Client Reference Number Invoice(s)

Number to be paid

Date Funds Paid: YYYY-MM-DD

Amount of Funds Paid (CAD)