

New Request Change

MEMBER INFORMATION

Name: _____

Policy Number: _____ Identification Number: _____

If we have questions about this request, how can we contact you:

Telephone: _____

E-mail: _____

I request my benefits be paid through electronic funds transfer (direct deposit) into this account. I may cancel this authorization at any time by giving written notice to Medavie Blue Cross.

Signature: _____ Date: _____
YYYY/MM/DD

CURRENT FINANCIAL INSTITUTION INFORMATION

Name of Bank: _____

Financial Institution Number: _____ Branch Number: _____

Account Number: _____

No previous banking information provided

NEW FINANCIAL INSTITUTION INFORMATION

Name of Bank: _____

Financial Institution Number: _____ Branch Number: _____

Account Number: _____

INSTRUCTIONS

- The member, who is an employee to the policyholder, is the only person who may update banking information.
- If requesting direct deposit when first enrolling in your benefit plan, give completed Request for Direct Deposit form and a void cheque to your plan administrator, along with your application form.
- If requesting direct deposit in conjunction with a claim, mail completed Request for Direct Deposit form and void cheque along with your claim to your nearest Medavie Blue Cross office.
- Otherwise, mail completed Request for Direct Deposit form and void cheque to our nearest Medavie Blue Cross Office.
- If your banking arrangements change, please complete a new Request for Direct Deposit form and mail with a void cheque to your nearest Medavie Blue Cross office.
- If you would like to terminate your direct deposit arrangement, please advise us in writing. Send your written request to your nearest Medavie Blue Cross office.

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