

New Request
 Change
 Effective:
 Immediately
 or
 _____ (specify future date)
yyyy/mm/dd

MEMBER INFORMATION

Name: _____

Policy Number: _____ Identification Number : _____

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

Telephone _____

e-mail: _____

FINANCIAL INSTITUTION INFORMATION

**ATTACH SAMPLE CHEQUE MARKED "VOID" HERE
OR
IF CHEQUE IS NOT AVAILABLE, COMPLETE INFORMATION BELOW:**

Name of Bank: _____

Bank Address: _____

Financial Institution Number: _____ Branch Number: _____

Account Number: _____

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 Blue Cross.

Signature: _____ Date (yyyy/mm/dd): _____

INSTRUCTIONS

- * 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 Blue Cross office.
- * Otherwise, mail completed Request for Direct Deposit form and void cheque to our nearest 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 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 Blue Cross office.

BLUE CROSS OFFICES

Atlantic Canada PO Box 220 644 Main St Moncton NB E1C 8L3	Quebec 550 Sherbrooke West PO Box 3300, Postal Station B Montreal QC H3B 4Y5	Ontario PO Box 2000 185 The West Mall Suite 1200 Etobicoke ON M9C 5P1	Manitoba 100A Polo Park Centre PO Box 1046 Winnipeg MB R3C 2X7
Saskatchewan PO Box 4030 516 2nd Avenue N Saskatoon SK S7K 3T2	Alberta PO Box 2318 STN Main Edmonton AB T5J 0L8	British Columbia PO Box 7000 Vancouver BC V6B 4E1	

