



PO BOX 220 MONCTON NB E1C 8L3
TEL: 1-800-667-4511 FAX: 506-867-4651

DIRECT DEPOSIT REQUEST FOR INDIVIDUAL MEMBERS

MEMBER INFORMATION

Name: _____

Policy Number: _____ Identification Number: _____

FINANCIAL INSTITUTION INFORMATION

Please attach a void cheque or complete the form below.

PLEASE PRINT

Financial Institution (FI): _____

Address: _____

City/Town: _____ Province: _____

FI Transit Number:

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(branch - 5 digits; FI - 3 digits)

FI Account Number:

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AUTHORIZATION

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

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): _____

This bank account will be used for reimbursing claims from all members of this policy.
This request for direct deposit does not affect your current payment method.