

☐ 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 Medavie Blue Cross.

Signature: _____ Date: _____

YYYY/MM/DD

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.

MEDAVIE BLUE CROSS ADDRESSES**Atlantic Canada**

PO Box 220
644 Main St.
Moncton NB E1C 8L3
Fax: 1-506-869-9653
Email: maax.policy.administrators@medavie.bluecross.ca

Quebec

PO Box 3300 STN B
Montreal QC
H3B 4Y5
Fax: 1-514-286-8444
Email: administration@medavie.bluecross.ca

Ontario

PO Box 2000
185 The West Mall, Suite 1200
Etobicoke ON M9C 5P1
Fax: 1-506-869-9653
Email: maax.policy.administrators@medavie.bluecross.ca