



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: _____ Email: _____

Policy Number: _____ Identification Number: _____

(Please attach a void cheque or complete the form below.)

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: _____

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.