SASKATCHEWAN BLUE CROSS®

PO Box 4030
Saskatoon SK S7K 3T2
www.sk.bluecross.ca

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION
Group Member

_____ (Employee Name) _____ (Employee Blue Cross ID Number) _____ (Policy Number)

I hereby authorize Saskatchewan Blue Cross to deposit funds to the account identified on this form. I also authorize Saskatchewan Blue Cross to withdraw funds required to correct amounts that may have been deposited in error, on the understanding that I will be notified of the adjustment prior to any withdrawal. This authorization may be changed or cancelled at any time by submitting written notice to Saskatchewan Blue Cross.

_____ Date _____ Employee Signature

Name of Financial Institution of Employee (Bank) _____

Address (Bank) _____ (PO Box / Street Address) / _____ (Town/City) / _____ (Province) / _____ (Postal Code)

Transit _____ Bank _____ Account _____

Insert the numbers found on the bottom of employee's cheque:

⑈113⑈ ⑆50252⑈0021⑆ 01496⑈24⑈

Transit | Bank | Account

Please attach a personalized VOID cheque and return to the address above ATTN: GROUP ADMINISTRATION

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