

INSTRUCTIONS:

Complete and return this form to Saskatchewan Blue Cross by mail, fax (306.652.5751) or online at sk.bluecross.ca/contactus.

MEMBER INFORMATION

Name		Policy Number	
Address	City	Province	Postal Code
Mobile Phone Number	Work Phone Number	Home Phone Number	

BANK ACCOUNT OWNER INFORMATION

Name			
Mailing Address	City	Province	Postal Code
Mobile Phone Number	Work Phone Number	Home Phone Number	

BANK ACCOUNT INFORMATION

Name of Financial Institution			
Mailing Address	City	Province	Postal Code
Branch Transit Number	Bank ID Number	Account Number	

MEMO _____

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Transit Bank Account

Please include a void cheque with this agreement.

ACKNOWLEDGMENT & CONSENT

I hereby authorize Saskatchewan Blue Cross to directly deposit payments to the bank account identified above. If applicable, this authorization replaces all previous direct deposit instructions.

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.

Signature of Bank Account Owner	Signature of Joint Bank Account Owner (if applicable)
Name (please print)	Name (please print)
Date (YYYY/MM/DD)	Date (YYYY/MM/DD)

