

### INSTRUCTIONS:

Enroll today and we will deduct your monthly payments, directly from your account the first business day of every month.

Complete this form to initiate your Pre-Authorized Payment or to make changes to your existing Pre-Authorized Payment Agreement. Forward or enclose a cheque marked "void". Return this form to Saskatchewan Blue Cross by mail, fax (306.652.5751) or online at [sk.bluecross.ca/contactus](http://sk.bluecross.ca/contactus).

### MEMBER INFORMATION

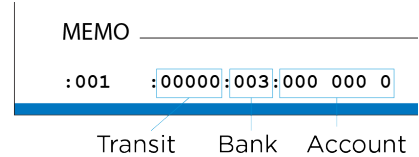
Name		Policy Number	
Address	City	Province	Postal Code
Mobile Phone Number	Work Phone Number	Home Phone Number	

### 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	



**Please include a void cheque with this agreement.**

### ACKNOWLEDGMENT & CONSENT

I authorize Saskatchewan Blue Cross to debit my financial institution for the amount identified as per the Total Amount Due on the monthly Statement of Account. I understand payment will be debited on the first business day of the month. The Pre-Authorized Payment debit each month will be the Total Amount Due which is indicated on the monthly Statement of Account. I understand the amount may vary due to the current month's adjustments.

I may revoke my authorization at any time by advising Saskatchewan Blue Cross with a completed Pre-Authorized Payment Agreement form or written notification by either mail, fax, or e-mail at least ten (10) business days before the next withdrawal date. I may obtain further information on my right to cancel a PAD Agreement, at my financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the Pre-Authorized Payment Agreement. To obtain more information on recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I, the account holder(s), authorize Saskatchewan Blue Cross to debit my account at the financial institution indicated on the enclosed cheque or according to the information provided. I agree to the terms and conditions established by Saskatchewan Blue Cross (as above) until such time as written notice to the contrary is given by me to Saskatchewan Blue Cross.

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)