

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 No.:	
Mailing 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 (please include a void cheque with this agreement)

Name of Financial Institution:			
Mailing Address:	City:	Province:	Postal Code:
Branch Transit No.:	Bank ID No.:	Account No.:	

CONSENT & AGREEMENT

I authorize Saskatchewan Blue Cross to withdraw funds from the bank account identified above on the first business day of every month, as payment for my policy. If funds are not available on this date, the debit will be represented three (3) days later. I authorize Saskatchewan Blue Cross to present multiple payments and/or to change the amount of the withdrawal as a result of my direct action (such as, but not limited to, a telephone instruction or other remote means), as required to maintain my policy. I will be charged a service fee for declined withdrawals. I agree that Saskatchewan Blue Cross is not responsible for any bank service charges relating to declined debits. I will receive written notification annually of the pre-authorized payment amount.

These services are for (select one): Personal Business

I may revoke my authorization at any time by submitting written notice to Saskatchewan Blue Cross at least ten (10) business days before the next withdrawal date. To obtain a sample cancellation form or more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

I have certain recourse rights if any debit presented by Saskatchewan Blue Cross 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 this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Signature of Bank Account Owner	Signature of Joint Bank Account Owner (if applicable)
Name (please print)	Name (please print)
Date	Date