

Instructions: Complete and return this form to Saskatchewan Blue Cross by mail, fax 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:
Five (5) Digit Transit No.:	Account No.:	MEMO _____	
Three (3) Digit Bank No.:	<i>Insert numbers found at the bottom of cheque.</i>	:001 :00000:003:000 000 0	
		Transit	Bank Account

CONSENT & AGREEMENT

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.

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