



516 - 2nd Avenue N, PO Box 4030  
Saskatoon, Saskatchewan S7K 3T2

# 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 Employee Bank

Bank Address: PO Box/Street Address Town/City Province Postal Code

Transit Bank Account

*Insert the numbers found at the bottom of the employee's cheque.*

**Please attach a personalised VOID cheque and return to the address above ATTN: GROUP ADMINISTRATION.**

