

## INSTRUCTIONS:

1. Complete this Direct Deposit Authorization Form in full
2. Attach a copy of a void cheque **or** direct deposit form from your financial institution
3. **Return form and attachments to Saskatchewan Blue Cross using one of the following methods:**  
**Online:** Log in to your Member Portal and send via our secure document submission  
**Mail:** PO Box 4030, Saskatoon, SK S7K 3T2  
**Fax:** (306) 652-5751

Group Policy Member  
Individual Policy Member  
  
New  
Change

## MEMBER INFORMATION

Name (First and Last)	Policy/Application Number	SK Blue Cross ID Number
Mailing Address	City	Province
		Postal Code
Email Address	Mobile Phone Number	Work Phone Number
		Home Phone Number

## BANK ACCOUNT INFORMATION

Financial Institution
Address (Street, City, Province, Postal Code)
Branch Transit Number
Bank ID Number
Account Number

## MEMO

: 001 : 00005 : 123 : 123 456 7

Transit No. Bank No. Account No.

Insert the numbers found at the bottom of your cheques or direct deposit slip.

## AUTHORIZATION

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.

I understand that the information I have given or may provide in the future, as well as any other information currently held by or given to Saskatchewan Blue Cross and/or its agents may be collected, used, maintained and disclosed for the purposes of determining services including but not limited to coverage, adjudicating or paying claims, administering products and services, audit and investigation, confirmation of my identity, maintaining my relationship with Saskatchewan Blue Cross and helping to develop and recommend suitable products and services to me where applicable.

Depending on the coverage I carry, limited personal information may be collected from and/or released to a third party. These include other Blue Cross\* organizations and/or their authorized agents/representatives, licensed physicians, practitioners or other healthcare providers, hospitals, clinics or other medical facilities, other health and life insurers, reinsurers, employers (past and present), government and regulatory authorities and other third parties only when needed for a purpose stated above.

I understand that the information given to Saskatchewan Blue Cross will be kept confidential and secure. I understand that consent may be revoked at any time in writing; however, if consent is withheld or revoked, any of the above-mentioned services may be revoked. I understand why this information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding the privacy policies of Saskatchewan Blue Cross and/or the collection, use or disclosure of information, please visit [www.sk.bluecross.ca](http://www.sk.bluecross.ca) or call 1-800-667-6853.

Signature of Account Owner	Signature of Joint Account Owner (If applicable)
Name (Print)	Name (Print)
Date (YYYY-MM-DD)	Date (YYYY-MM-DD)