

INSTRUCTIONS:

1. Complete this Automated Payment System (APS) Withdrawal Agreement Form in full to initiate your Automated Payment or make changes to your existing APS Withdrawal (formerly PAD) Agreement
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:**
 - In-person:** At our Regina or Saskatoon office
 - Mail:** PO Box 4030, Saskatoon, SK S7K 3T2
 - Fax:** (306) 652-5751

CUSTOMER INFORMATION

Organization Name		Policy Number	
Street Address	City	Province	Postal Code
Organization Contact Person	Phone Number	Email Address	

BANK ACCOUNT INFORMATION

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

Please attach a personalized VOID cheque or a Pre-authorized Debit Form completed by your financial institution.

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.

ACKNOWLEDGMENT & CONSENT

I authorize Saskatchewan Blue Cross® to debit the bank account identified above for the amount identified as per the Total Payable on the monthly invoice 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 days later. I authorize Saskatchewan Blue Cross to present multiple payments as required to maintain my policy and/or to charge a service fee for declined debits. I agree that Saskatchewan Blue Cross is not responsible for any bank service charges relating to declined debits.

These services are for (check one): Personal Business

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

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

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 APS Withdrawal Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.payments.ca.