

INSTRUCTIONS:

Enroll today and we will deduct your monthly payments, directly from your account the first business day of every month.

1. Complete this PAD Agreement Form in full to initiate your Pre-Authorized Debit or make changes to your existing 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:

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

MEMBER INFORMATION

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

BANK ACCOUNT OWNER INFORMATION

Name (First and Last)			
Mailing Address	City	Province	Postal Code
Mobile Phone Number	Work Phone Number	Home Phone Number	

BANK ACCOUNT INFORMATION

Please include one of the following with your submission of this form:

- Void cheque
- Direct deposit form from your financial institution

Use the checkboxes below to indicate whether you would also like to use the attached banking information to receive claim reimbursements from Saskatchewan Blue Cross via direct deposit, use another bank account for reimbursements or if you'd like to receive reimbursements via cheque. To use a different bank account, please also complete the [Direct Deposit Authorization Form](#) from your advisor or sales representative.

I authorize Saskatchewan Blue Cross to directly deposit claim reimbursements to the bank account I have identified with this form:

Yes

No, I would like to use another account.

No, please reimburse me via cheque.

ACKNOWLEDGMENT & CONSENT

I authorize Saskatchewan Blue Cross to debit my financial institution for the amount identified as per the Total Amount Due on the monthly Statement of Account. If applicable, this authorization replaces all previous Pre-Authorized Debit instructions. I understand payment will be debited on the first business day of the month. The Pre-Authorized Debit amount each month will be the Total Amount Due which is indicated on the monthly Statement of Account. I understand the amount may vary due to the current month's adjustments.

I may revoke my authorization at any time by advising Saskatchewan Blue Cross with a completed Pre-Authorized Debit Agreement form or written notification by either mail, fax or e-mail at least ten business days before the next withdrawal date. I may obtain further information on my right to cancel a PAD Agreement at my financial institution or by visiting www.payments.ca.

I have certain recourse rights if any debit 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 the Pre-Authorized Debit Agreement. To obtain more information on recourse rights, I may contact my financial institution or visit www.payments.ca.

These services are for (check one): Personal Business

I, the account holder(s), authorize Saskatchewan Blue Cross to debit my account at the financial institution indicated on the enclosed cheque or according to the information provided. I agree to the terms and conditions established by Saskatchewan Blue Cross (as above) until such time as written notice to the contrary is given by me to Saskatchewan Blue Cross.

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)