



# REQUEST FOR DIRECT DEPOSIT

New Request    Change   Effective:    Immediately   or    \_\_\_\_\_ (specify future date)  
yyyy/mm/dd

## MEMBER INFORMATION

Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Identification Number: \_\_\_\_\_

If we have questions about this request, how can we contact you:

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## FINANCIAL INSTITUTION INFORMATION

**ATTACH SAMPLE CHEQUE MARKED "VOID" HERE  
OR  
IF CHEQUE IS NOT AVAILABLE, COMPLETE INFORMATION BELOW:**

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Financial Institution Number: \_\_\_\_\_ Branch Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I request my benefits be paid through electronic funds transfer (direct deposit) into this account. I may cancel this authorization at any time by giving written notice to Blue Cross.

Signature: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_

## INSTRUCTIONS

- \* **Please mail completed Request for Direct Deposit form and void cheque to your nearest Blue Cross office.**
- \* If your banking arrangements change, please complete a new Request for Direct Deposit form and mail with a void cheque to your nearest Blue Cross office.
- \* If you would like to terminate your direct deposit arrangement, please advise us in writing. Send your written request to your nearest Blue Cross office.

## BLUE CROSS OFFICES

<b>Atlantic Canada</b> 644 Main St. PO Box 220 Moncton, NB E1C 8L3	<b>Quebec</b> 550 Sherbrooke St. West PO Box 1330 Montreal, QC H3B 3K9	<b>Ontario</b> 185 The West Mall Suite 1200 PO Box 2000 Etobicoke, ON M9C 5P1	<b>Manitoba</b> 100A Polo Park Centre PO Box 1046 Winnipeg, MB R3C 2X7
<b>Saskatchewan</b> 516 2nd Ave. N PO Box 4030 Saskatoon, SK S7K 3T2	<b>Alberta</b> 10009 - 108th St. NW Edmonton, AB T5J 3C5	<b>British Columbia</b> PO Box 7000 Vancouver, BC V6B 4E1	