

INSTRUCTIONS:

Forward or enclose a cheque marked "void" and return this form to Saskatchewan Blue Cross on our online Member Portal via our secure document submission, by mail, or by fax (306.652.5751).

MEMBER INFORMATION

Name Policy/Application Number

Address City Province Postal Code

Mobile Phone Number Work Phone Number Home Phone Number

BANK ACCOUNT OWNER INFORMATION

Name

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

ACKNOWLEDGMENT & CONSENT

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.

Signature of Bank Account Owner Signature of Joint Bank Account Owner (if applicable)

Name (please print) Name (please print)

Date (YYYY/MM/DD) Date (YYYY/MM/DD)