

CUSTOMER INFORMATION:

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

ACCOUNT INFORMATION:

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.

Name of Financial Institution			
Address	City	Province	Postal Code

CONSENT & AGREEMENT

I authorize Saskatchewan Blue Cross® to debit the bank account identified above in the amount of \$_____ 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 (3) 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 ten (10) business days before the next debit date. To obtain a sample cancellation form or more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnipay.ca

Signature of Account Holder		Signature of Joint Account Holder	
Name		Name	
Date		Date	

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

SUBMIT THE COMPLETED FORM TO:

Saskatchewan Blue Cross
516 2nd Avenue North
PO Box 4030
Saskatoon, SK S7K 2C5
Phone 306.224.1192
Fax 306.652.5751

