

## REQUEST FOR DIRECT DEPOSIT

New Request □ Change Effective: □ Immediately or	(specify future date)
MEMBER INFORMATION	
Name:	
Policy Number: 91174	Identification Number:
If we have questions about this request, how can we contact you:	
□ Telephone:	
□ e-mail:	
FINANCIAL INSTITUTION	NINFORMATION
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:
INSTRUCTIONS	

- \* The member, who is an employee to the policyholder, is the only person who may update banking information.
- \* If requesting direct deposit when first enrolling in your benefit plan, give completed Request for Direct Deposit form and a void cheque to your plan administrator, along with your application form.
- \* If requesting direct deposit in conjuction with a claim, mail completed Request for Direct Deposit form and void cheque along with your claim to your nearest Blue Cross office.
- \* Otherwise, mail completed Request for Direct Deposit form and void cheque to our 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**

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