



DIRECT DEPOSIT REQUEST

Policy No. ID No.

My/Our Name(s) (Please Print)

Bank Name Branch No.

Bank Address

City Province

Type of Account Chequing Current Savings

Bank Account Number

I request my benefits be paid through electronic funds transfer (direct deposit) into this account. This authorization may be cancelled at any time upon written notice by me/us.

Date

Signature as you sign your cheque

IMPORTANT - PLEASE INCLUDE A COPY OF YOUR CHEQUE MARKED "VOID"
PLEASE ADVISE US IN WRITING OF ANY CHANGE IN BANKING ARRANGEMENTS

PLEASE SEND COMPLETED FORMS TO ONE OF THE FOLLOWING ADDRESSES:

Atlantic Canada
PO Box 220
644 Main St
Moncton NB E1C 8L3

Quebec
550 Sherbrooke West
Suite L-15
Montreal QC H3A 6T6

Ontario
PO Box 2000
185 The West Mall Suite 1200
Etobicoke ON M9C 5P1

Manitoba
599 Empress St
PO Box 1046
Winnipeg MB R3C 2X7

Saskatchewan
PO Box 4030
516 2nd Avenue N
Saskatoon SK S7K 3T2

Alberta
10009 - 108th St NW
Edmonton AB T5J 3C5

British Columbia
PO Box 7000
Vancouver BC V6B 4E1

Each plan is an independent licensee of the Canadian Association of Blue Cross Plans.