

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 Medavie Blue Cross.

Signature: _____ Date (yyyy/mm/dd): _____

INSTRUCTIONS

- * 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 conjunction with a claim, mail completed Request for Direct Deposit form and void cheque along with your claim to your nearest Medavie Blue Cross office.
- * Otherwise, mail completed Request for Direct Deposit form and void cheque to your nearest Medavie 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 Medavie 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 Medavie Blue Cross office.

MEDAVIE BLUE CROSS OFFICES

<p>Atlantic Canada 644 Main St. PO Box 220 Moncton, NB E1C 8L3</p>	<p>Quebec 550 Sherbrooke St. West PO Box 1330 Montreal, QC H3B 3K9</p>	<p>Ontario 185 The West Mall Suite 1200 PO Box 2000 Etobicoke, ON M9C 5P1</p>
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