MEDAVIE BLUE CROSS™

NBISP/NBFISP
REQUEST FOR DIRECT DEPOSIT

❑ 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.

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