

INSTRUCTIONS:

Enroll today and we will deduct your monthly payments, directly from your account the first business day of every month.

Complete this form to initiate your Pre-Authorized Payment or to make changes to your existing Pre-Authorized Payment Agreement. **Forward or enclose a cheque marked "void" and return this form to Saskatchewan Blue Cross online at sk.bluecross.ca/contactus, by mail, or by fax (306.652.5751).**

MEMBER INFORMATION

Name		Policy/Application Number	
Address	City	Province	Postal Code
Mobile Phone Number	Work Phone Number	Home Phone Number	

BANK ACCOUNT OWNER INFORMATION

Name			
Mailing Address	City	Province	Postal Code
Mobile Phone Number	Work Phone Number	Home Phone Number	

BANK ACCOUNT INFORMATION

Please include one of the following with your submission of this form:

- Void Cheque
- Direct Deposit Form from your financial institution

If you would also like to use the attached bank account information to receive claim reimbursements from Saskatchewan Blue Cross via direct deposit, please indicate this using the checkbox below. If you would like to use a different bank account, please complete the **Direct Deposit Agreement** form from your Sales Representative. If you would like to receive reimbursements via cheque, please indicate this using the checkbox below.

I authorize Saskatchewan Blue Cross to directly deposit claim reimbursements to the bank account I have identified on this form. Yes No, I would like to use another account (complete **Direct Deposit Agreement**) No, please reimburse me via cheque.

ACKNOWLEDGMENT & CONSENT

I authorize Saskatchewan Blue Cross to debit my financial institution for the amount identified as per the Total Amount Due on the monthly Statement of Account. I understand payment will be debited on the first business day of the month. The Pre-Authorized Payment debit each month will be the Total Amount Due which is indicated on the monthly Statement of Account. I understand the amount may vary due to the current month's adjustments.

I may revoke my authorization at any time by advising Saskatchewan Blue Cross with a completed Pre-Authorized Payment Agreement form or written notification by either mail, fax, or e-mail at least ten (10) business days before the next withdrawal date. I may obtain further information on my right to cancel a PAD Agreement, at my financial institution or by visiting www.cdnpay.ca.

I have certain recourse rights if any debit 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 the Pre-Authorized Payment Agreement. To obtain more information on recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

I, the account holder(s), authorize Saskatchewan Blue Cross to debit my account at the financial institution indicated on the enclosed cheque or according to the information provided. I agree to the terms and conditions established by Saskatchewan Blue Cross (as above) until such time as written notice to the contrary is given by me to Saskatchewan Blue Cross.

Signature of Bank Account Owner	Signature of Joint Bank Account Owner (if applicable)
Name (please print)	Name (please print)
Date (YYYY/MM/DD)	Date (YYYY/MM/DD)

