



## DIRECT DEPOSIT REQUEST

Policy No.

Identification 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 :**

**Medavie Blue Cross PO Box 220, Moncton, NB, E1C 8L3 ATTENTION: Customer Support**

**Telephone: 1-800-667-4511 FAX: (506) 867-4651**