





Please complete and return this form to enjoy the convenience of having all your claim payments directly deposited into your bank account by Alberta Blue Cross. Direct deposit is faster—and more secure—than waiting to receive a cheque by mail, and having to stand in line at your bank to deposit it.

1. PLAN MEMBER INFORMATION Please print.			
Plan Member Name	Group Number	Alberta Blue Cross ID Number	
Mailing Address	City	Province	Postal Code
E-mail Address	Home Phone Number ()	Work Phone Number ()	

2. BANKING INFORMATION Please check one of the following.			
<input type="checkbox"/> Please check here and skip to Section 3 below if you already have preauthorized monthly withdrawals for your Alberta Blue Cross payments and would like to use your existing bank account information for direct deposit purposes.	<input type="checkbox"/> Please check here if you would like to request direct deposit of claims payments, or if you already have preauthorized monthly withdrawals but would like to have your claims payments deposited into a <i>different</i> account. Please provide your banking information below.		
<p>Complete the information below as it appears on your cheque OR enclose a blank cheque marked "VOID". Your authorization signature must be provided below.</p>			
   	<div style="border: 1px solid black; padding: 5px; transform: rotate(90deg); display: inline-block;"> Fill in your bank account number here </div>		
<p>Cheque Number (3 digits – not required)</p>	<p>Branch (Transit) Number (5 digits)</p>	<p>Financial Institution Number (3 digits)</p>	<p>Account Number (May be up to 12 digits)</p>

3. DIRECT DEPOSIT AUTHORIZATION Please sign below.	
<p>I hereby authorize Alberta Blue Cross to deposit claims payments as indicated. This authorization may be cancelled at any time upon written notice by me. If Alberta Blue Cross coverage is terminated, this Direct Deposit agreement will be automatically cancelled.</p>	
Print name of Bank Account Holder: _____	Signature of Plan Member ✕ _____
Date: _____ <div style="text-align: right;">(YYYY-MM-DD)</div>	

4. PLEASE RETURN THIS COMPLETED REQUEST TO:	
<p><u>FAX</u> to Alberta Blue Cross, Individual Products Administration, 780-498-3531 or toll free 1-877-498-3531</p>	<p><u>MAIL</u> to Alberta Blue Cross, Individual Products Administration, 10009 108 Street, Edmonton, AB T5J 3C5</p>