

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

(Group Member)

Employee Name _____ Employee Blue Cross ID Number _____ Policy Number _____

I hereby authorize Saskatchewan Blue Cross to deposit funds to the account identified on this form. I also authorize Saskatchewan Blue Cross to withdraw funds required to correct amounts that may have been deposited in error, on the understanding that I will be notified of the adjustment prior to any withdrawal. This authorization may be changed or cancelled at any time by submitting written notice to Saskatchewan Blue Cross.

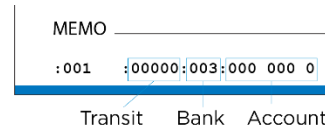
Date _____ Employee Signature _____

Name of Employee Bank _____

Bank Address: PO Box/Street Address _____ Town/City _____ Province _____ Postal Code _____

Transit _____ Bank _____ Account _____

Insert the numbers found at the bottom of the employee's cheque.



Please attach a personalised VOID cheque and return to the address above ATTN: GROUP ADMINISTRATION.

