



Your money belongs in your wallet, not in the mail.

Direct Deposit gets it in your bank account sooner!

Sign up today:

1. Visit www.medavie.bluecross.ca
2. Select “[Plan Members](#)”
in the upper right-hand corner
3. Select “[Go to secure site](#)”
4. Select “[Member](#)”
5. Enroll by clicking the “[Banking](#)” link



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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.

Student 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.

If the above Financial Institution Information belongs to the Host or Guardian, I (student) _____ authorize payment to 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.

Student Signature: _____ Date (yyyy/mm/dd): _____

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