



PO Box 4030
Saskatoon SK S7K 3T2
www.sk.bluecross.ca

**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 Financial Institution of Employee (Bank) _____

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

Transit _____ Bank _____ Account _____

Insert the numbers found on the bottom of employee's cheque:

* 1 2 3 *			* 50 25 2 *** 00 2 *			0 1 4 9 6 *** 2 4 *		
Transit			Bank			Account		

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