ALBERTA BLUE CROSS®

PREAUTHORIZED MONTHLY DEBIT AND DIRECT DEPOSIT OF CLAIMS INFORMATION

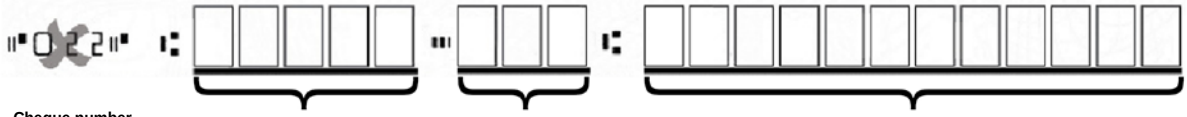
Plan member information (please print)

Plan member name	Group number	ID number	
Mailing address	City	Province	Postal code
Email to be notified of payments (☐ *Check here if you would like an email when claims are completed)*	Work phone number	Home phone number	

Please note: Preauthorized payments are debited on the 20th of each month for the following month of coverage.

1. Preauthorized monthly debit information

Please fill out this section to CHANGE OR PROVIDE the banking information for your preauthorized monthly debit for your Alberta Blue Cross individual health and dental plan. The bank account provided can be the plan member's account or a third party payor's account. An authorization signature must be provided below.



Cheque number (three digits—not required) | **Branch (transit) number (five digits)** | **Financial institution number (three digits)** | **Account number (may be up to 12 digits)**

Fill in your bank account number here

I, the bank account holder, _____, hereby authorize Alberta Blue Cross to **debit monthly payments** from my account at the financial institution indicated above. I agree to the terms and conditions established by Alberta Blue Cross until such time as written notice to the contrary is given by me to Alberta Blue Cross. I understand it is the responsibility of the plan member to inform the bank account holder of any changes, increases to the premium or money owing on the benefit plan that could affect the withdrawal of funds from the bank account provided above.

Print name of bank account holder:	**Authorization signature:** ✘

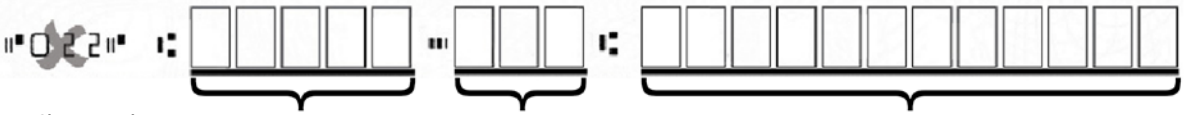
2. Direct deposit of claims information (please check one of the boxes below)

☐ **Direct deposit bank account is the <u>same</u> as the section above. An authorization signature must be provided below.**

☐ **Direct deposit bank account is <u>different</u> from the section above. The bank account to directly deposit claims is indicated below. An authorization signature must be provided below.**

I, the bank account holder, _____, hereby authorize Alberta Blue Cross to **deposit claims payments** as indicated. By choosing to have direct deposit, I also understand that I will no longer receive paper statements; instead, I will receive an email notice that my statement has been posted on the Alberta Blue Cross member web site. If I choose not to provide an email address, I acknowledge that I will **<u>not</u>** receive any notification when claim payments are deposited and/or statements are available on the member web site. If my contract with Alberta Blue Cross is terminated, this direct deposit agreement will be terminated.

Print name of bank account holder:	**Authorization signature:** ✘



Cheque number (three digits—not required) | **Branch (transit) number (five digits)** | **Financial institution number (three digits)** | **Account number (may be up to 12 digits)**

Fill in your bank account number here

Send this completed form by fax or mail. Please note that this form will not be accepted through email.

<u>FAX</u> to **Alberta Blue Cross** **Individual Products Administration** **780-498-3531 or toll free** **1-877-498-3531**	**<u>MAIL</u> to** **Alberta Blue Cross** **Individual Products Administration** **10009 108 Street NW** **Edmonton AB T5J 3C5**