

Please complete and return this form to enjoy the convenience of having 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.

Action requested: Initial request Change Termination

Plan member information (please print)

Plan member name	Group number	Section	Alberta Blue Cross ID number	
Mailing address	City		Province	Postal code
Email address to be notified of payments		Home phone number	Work phone number	
<input type="checkbox"/> Check here if you would like an email when claims are completed				

Banking information

Bank account holder's name (if different from plan member)		
Attach cheque marked "void" here or, have your financial institution complete the following bank account information		
Name of financial institution		Address of financial institution
Branch (transit) number (five digits)	Bank number (three digits)	Account number (maximum 12 digits)
Please provide teller stamp here		

Direct deposit authorization

By choosing to have direct deposit, I hereby authorize Alberta Blue Cross to deposit claims payments as indicated. I also understand that I will no longer receive paper statements and instead I will receive an email notice that my statement has been posted on the member web site. If I choose not to provide an email address, I acknowledge that I will not receive any notification when claim payments are deposited and statements are available in the member web site. If Alberta Blue Cross is terminated, this Direct Deposit agreement will be terminated.

Date _____	Signature of plan member (as listed above) _____
(YYYY/MM/DD)	

Please return this completed request to

MAIL to Alberta Blue Cross Alberta Blue Cross 10009 108 Street Edmonton, AB T5J 3C5	FAX to Alberta Blue Cross 780-425-4627 Toll-free 1-877-325-4627
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