ALBERTA BLUE CROSS®

PRE-AUTHORIZED DEBIT (PAD) PLAN

Alberta Blue Cross is pleased to offer you the convenience of a pre-authorized debit plan.

No due dates to remember

No monthly cheques to write

No payments to mail

Enrol today and we will deduct your monthly payments directly from your account on the **first working day** of every month.

Complete this form to initate your PAD agreement or make changes to your existing PAD agreement. Forward or enclose a cheque marked "void" by the 20th of the month.

For more information, please contact Alberta Blue Cross, Group Administration at 780-498-5925 (Edmonton), at 1-866-498-5925 (toll free) or visit www.ab.bluecross.ca.

PRE-AUTHORIZED DEBIT AGREEMENT

GROUP INFORMATION

☐ **Initial sign up** ☐ **Change to banking information*** ☐ **Termination***

*date of change or termination (for existing PAD agreements only)_____

Debit type ☐ Personal ☐ Business

Group name

Address

City | Province | Postal code

Telephone number | Alberta Blue Cross group no. | Section(s)

AGREEMENT

I authorize Alberta Blue Cross (ABC Benefits Corporation) to debit my financial institution for the amount identified as per the Total Amount Due on the monthly Statement of Account.
I understand payment will be debited on the first business day of the month.

The PAD debit each month will be the Total Amount Due which is indicated on the monthly Statement of Account.I understand the amount may vary due to the current month's adjustments.

I may revoke my authorization at any time by advising Alberta Blue Cross with a completed PAD agreement form or written notification by either mail, fax or email by the 20th of the month. I may obtain further information about my right to cancel a PAD agreement at my financial institution or by visiting **www.cdnpay.ca**.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD agreement. To obtain more information on recourse rights, I may contact my financial institution or visit **www.cdnpay.ca.**

AUTHORIZATION SIGNATURE(S)

I, the account holder(s), authorize Alberta Blue Cross to debit my account at the financial institution indicated on the enclosed cheque or according to the information provided. I agree to the terms and conditions established by Alberta Blue Cross (as above) until such time as written notice to the contrary is given by me to Alberta Blue Cross.

Authorized signature(s) | Print name | Date signed
As required by your financial institution

Mail or fax the completed form and a cheque marked "void" to:

Alberta Blue Cross, Group Administration
10009 108 Street NW
Edmonton, AB T5J 3C5 **Fax: 780-498-3540**

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