

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

www.sk.bluecross.ca

1. CUSTOMER INFORMATION (please print)

| FOR BLUE CROSS USE ONLY |
|-------------------------|
|-------------------------|

Policy Number

| Name | | | | | | | |
|--|-------------------|-----|---|----------|-------------------|-----------------------------|--|
| Street Address | | | | | | | |
| City | | | Province | | | Postal Code | |
| () | (|) | | (|) | | |
| Home Phone Number | Work Phone Number | | | Cell Pho | Cell Phone Number | | |
| Email Address | | | | | | | |
| . ACCOUNT INFORMATION | | | | | | | |
| Account Number | | E | Branch Transit | | Fina | ncial Institution Number | |
| Please attach a personalized cheque marked VOID or a Pre-authorized Debit Form completed by your financial institution. | | Fin | ancial Institution Nam & Branch Addres | | | | |

3. CONSENT & AGREEMENT

- These services are for (check one) \Box Personal \Box Business
- I may revoke my authorization at any time by submitting written notice to Saskatchewan Blue Cross at least ten (10) business days before the next debit date. To obtain a sample cancellation form or more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit **www.cdnpay.ca**.

 Signature of Account Holder
 Signature of Joint Account Holder (if applicable)

 Name (please print)
 Name (please print)

Date

Date

• I have certain recourse rights if any debit presented by Saskatchewan Blue Cross 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 this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit **www.cdnpay.ca**.

| 4. SUBMIT THE COMPLETED FORM TO | Saskatchewan Blue Cross |
|---------------------------------|-------------------------|
| | 516 2nd Avenue North |
| | PO Box 4030 |
| | Saskatoon SK S7K 3T2 |
| | Phone 306.244.1192 |
| | Fax 306.652.5751 |