

DIRECT DEPOSIT APPLICATION

Type of Transaction <input type="checkbox"/> New Application <input type="checkbox"/> Change to Existing Information <input type="checkbox"/> Cancel Direct Deposit				Employer's Name	
Applicant's Last Name		Applicant's First Name		Claim payments will be directly deposited to your bank account for the client and certificate numbers you list below.	
Address		Email Address		Client #	Certificate #
City/Town	Postal Code	Home Telephone Number	Work Telephone Number		

I hereby authorize MANITOBA BLUE CROSS to transfer ALL claim payments to the financial institution indicated below:

NAME OF FINANCIAL INSTITUTION		TRANSIT NUMBER	
BRANCH ADDRESS		INSTITUTION NUMBER	
CITY	PROVINCE	ACCOUNT NUMBER	

Date _____ Signature _____

Please attach a sample of a cheque marked "void". If this is not possible your branch can assist you in completing the account information.
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 *†Blue Shield is a registered trademark of the Blue Cross Blue Shield Association.



AUTHORIZATION AND CONSENT

I understand that the personal information provided herein as well as any other personal information currently held or collected in the future by Manitoba Blue Cross may be collected, used, or disclosed to administer the terms of my policy or the group policy of which I am an eligible member, to develop and recommend suitable products and services to me, and to manage the Company's business.

Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These include other Blue Cross organizations, licensed physicians and/or any healthcare professionals or institutions, health and life insurers, government, and regulatory authorities, and other third parties when required to administer the benefits outlined in my policy or the group policy of which I am an eligible member.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be denied or rescinded. I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding Blue Cross' privacy policies, I can contact Blue Cross at 204.775.0151 or toll free within Manitoba at 1.800.USE.BLUE (873.2583) or online at www.mb.bluecross.ca should I have questions as to the collection, use or disclosure of my personal information. I authorize Blue Cross to collect, use and disclose my personal information as described above.