

Direct Deposit Application

Payor

Manitoba Blue Cross
PO Box 1046 Stn Main
Winnipeg MB R3C 2X7

- ☐ New Enrollment
☐ Advise of Change

Payee

Provider Name		Provider Number
Provider Business Address		
City	Province	Postal Code
Contact Name		Phone Number

Until these instructions are cancelled by me in writing and received by Manitoba Blue Cross, please send payment directly to the bank indicated below:		
Bank Name		
Bank Address		
City	Province	Postal Code
Bank Transit Number	Bank Institution Number	Bank Account Number

Please include a voided check or letter from your bank confirming account details with this form for verification of the bank transit and accounts numbers.

Effective Date (dd/mm/yyyy)	Provider Signature
Printed Name of Provider Signature	

Return completed form and void cheque to:

Mail Provider Relations
Manitoba Blue Cross
PO Box 1046 Stn Main
Winnipeg MB R3C 2X7

Fax 204.410.0604 to the attention of Provider Relations

Email provider.relations@mb.bluecross.ca