

PO Box 1046 Stn Main 599 Empress Street Winnipeg MB R3C 2X7 Phone: 204.775.0151 Toll Free: 1.888.596.1032 www.mb.bluecross.ca

Pre-Authorized Debit Application

First Name		_ Last Name	
Manitoba Blue Cross Certificate Num	ber		
Mailing Address			
City		Province	Postal Code
Email			
Phone Number			
Home		Cell	
Financial Institution Name			
Financial Institution Information	Transit Number	Institution Number	Account Number
	508 5 C 608	ы.com, илиФэнар отчеция.com ий-324-3783)	DATE D D M M Y Y Y Y

For verification purposes, please enclose a void cheque.



Pre-Authorized Debit Agreement

I authorize Manitoba Blue Cross to perform a personal Pre-Authorized Debit (PAD) on the first of every month for each billing period. The amount may vary. I will notify Manitoba Blue Cross in writing or by email of any changes to my account information or if I would like to cancel my PAD agreement. Upon receiving my request, any changes will require five business days to take effect. I may revoke my authorization at any time, subject to providing notice of 30 days. For more information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.payments.ca.

I have certain recourse rights if any debit does not comply with this agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.payments.ca.

I understand that my personal information will be kept confidential and secure.

For additional information regarding Manitoba Blue Cross's privacy policies or for questions as to the collection, use, or disclosure of my personal information, I may contact Manitoba Blue Cross at mbcprivacyofficer@mb.bluecross.ca or 1.800.873.2583.

I can access Manitoba Blue Cross's privacy code at mb.bluecross.ca/legal/privacy-policy.

Authorized Signature	Date	
Second Authorized Signature (if required)	Date	

Please include all signatures required for cheque endorsement.

