MANITOBA BLUE CROSS
THECOLOUROFCARING

DIRECT DEPOSIT APPLICATION

599 Empress Street
Box 1046 Stn Main
Winnipeg MB R3C 2X7

Type of Transaction ☐ New Application ☐ Change to Existing Information ☐ Cancel Direct Deposit				Employer's Name	
Applicant's Last Name		Applicant's First Name		List only those contract numbers you want your claims payment to be made directly to your bank account	
Address		Email Address		Group #	Contract #
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 _____

I understand completion of this application means I will no longer receive Explanation of Benefits statements. This authorization may be cancelled at any time upon written notice by myself.

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.

Once your coverage is cancelled, the Direct Deposit portion will also be cancelled automatically.

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 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 third parties include other Blue Cross Plans, health care 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that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be denied or rescinded.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 1-800-873-2583 or 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.