

Monthly Pre-Authorized Debit Application

First Name _____ Last Name _____

Manitoba Blue Cross Certificate Number _____

Mailing Address _____

City _____ Province _____ Postal Code _____

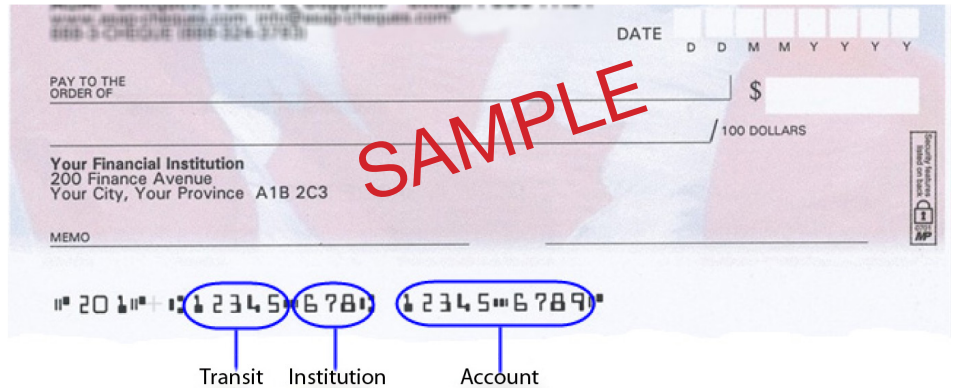
Email _____

Phone Numbers _____ / _____

Home Cell

Financial Institution Name			
Financial Institution Information	Transit Number	Institution Number	Account Number

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 of any changes to my account information. 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.cdnpay.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.cdnpay.ca.**

Authorized Signature _____ Date _____

Second Authorized Signature (if required) _____ Date _____

Please include all signatures required for cheque endorsement.

