



## Direct Deposit Application

**Payor:**

Manitoba Blue Cross  
PO Box 1046  
Winnipeg MB R3C 2X7

- New Enrollment
- Advice 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 cheque or letter from your bank confirming account details with this form for verification of the bank transit and accounts numbers.**

Effective Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Printed Name of Provider Signature: \_\_\_\_\_

Return completed form and void cheque to:

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

Fax: (204) 772-1231 to the attention of Provider Relations

E-mail: [provider.relations@mb.bluecross.ca](mailto:provider.relations@mb.bluecross.ca)