

# ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

(Group Member)

Employee Name	Employee Blue Cross ID Number	Policy Number
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I hereby authorize Saskatchewan Blue Cross to deposit funds to the account identified on this form. I also authorize Saskatchewan Blue Cross to withdraw funds required to correct amounts that may have been deposited in error, on the understanding that I will be notified of the adjustment prior to any withdrawal. This authorization may be changed or cancelled at any time by submitting written notice to Saskatchewan Blue Cross.

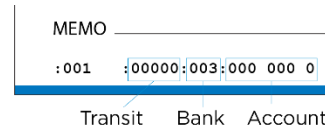
Date	Employee Signature
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Name of Employee Bank
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Bank Address: PO Box/Street Address	Town/City	Province	Postal Code
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Transit	Bank	Account
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*Insert the numbers found at the bottom of the employee's cheque.*



**Please attach a personalised VOID cheque and return to the address above ATTN: GROUP ADMINISTRATION.**

