



306.244.1192 or 1.800.667.6853
sk.bluecross.ca

Pre-authorized Debit (PAD) Agreement

POLICY NUMBER
[Empty box for policy number]

1. CUSTOMER INFORMATION (please print)

Name
Mailing Address City Province Postal Code
() () ()
Mobile Phone Number Work Phone Number Home Phone Number
Email Address

2. ACCOUNT HOLDER INFORMATION (complete if different than above)

Name
Mailing Address City Province Postal Code
() () ()
Mobile Phone Number Work Phone Number Home Phone Number
Email Address

3. ACCOUNT INFORMATION

Please attach a personalized cheque marked VOID or a Pre-authorized Debit Form completed by your financial institution.

4. CONSENT & AGREEMENT

- I authorize Saskatchewan Blue Cross to debit the bank account identified above in the amount of \$...
These services are for (check one) Personal Business
I may revoke my authorization at any time by submitting written notice to Saskatchewan Blue Cross at least ten (10) business days before the next debit date.

Signature of Account Holder

Signature of Joint Account Holder (if applicable)

Name (please print)

Name (please print)

Date

Date

- I have certain recourse rights if any debit presented by Saskatchewan Blue Cross does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement.

5. SUBMIT THE COMPLETED FORM TO

Saskatchewan Blue Cross
516 Second Avenue North, PO Box 4030
Saskatoon SK S7K 3T2
Fax 306.652.5751
service@sk.bluecross.ca

