

# DIRECT DEPOSIT INFORMATION



English Language Centre (ELC)



**studentVIP**

New Request

Change

Effective:

Immediately or

\_\_\_\_\_ (specify future date)  
yyyy/mm/dd

## MEMBER INFORMATION

Name:

Please apply my direct deposit information to the following plan:

I am enrolled on the Acadia English Language Centre (ELC) Health Plan (International Students Only) (99095)

Student ID: 000 \_\_\_\_\_ 00

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email:

## BANKING INFORMATION

Banking information must be Canadian. If you do not know your banking information, you may attach a cheque marked 'VOID'.

Name of Bank:

Bank Address:

Financial Institution Number:

Branch Number:

Account Number:

I request my benefits be paid through electronic funds transfer (direct deposit) into this account. I may cancel this authorization at any time by giving written notice to Blue Cross.

Student Signature:

Date(YYYY/MM/DD):

## INSTRUCTIONS

- If you are making a claim, please include this form with your claim.
- If you are submitting your direct deposit request for the first time, you can give this form to your health plan office administrator or submit via email or mail
- If your banking information changes, you must complete and submit a new form
- If you wish to terminate direct deposit, please contact Blue Cross in writing via email or mail.

**Email: [acadia@medavie.bluecross.ca](mailto:acadia@medavie.bluecross.ca)**

**Mail: To the closest Blue Cross Office below**

### Blue Cross Offices

#### Atlantic Canada

PO Box 220  
644 Main St  
Moncton NB E1C 8L3

#### Quebec

550 Sherbrooke West  
PO Box 3300, Postal Station B  
Montreal QC H3B 4Y5

#### Ontario

PO Box 2000  
185 The West Mall Suite 1200  
Etobicoke ON M9C 5P1

#### Manitoba

100A Polo Park Centre  
PO Box 1046  
Winnipeg MB R3C 2X7

#### Saskatchewan

PO Box 4030  
516 2nd Avenue N  
Saskatoon SK S7K 3T2

#### Alberta

10009 - 108th St NW  
Edmonton AB T5J 3C5

#### British Columbia

PO Box 7000  
Vancouver BC V6B 4E1