

DIRECT DEPOSIT INFORMATION

New Request Change Effective: Immediately or _____ (specify future date)
yyyy/mm/dd

MEMBER INFORMATION

Name:

Please apply my direct deposit information to the following plans:

I am enrolled on the ASU International Student Medical Plan (99092)

I am enrolled on the ASU Extended Health, Drugs, Dental Plan (0099091000)

Student ID: 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

Mail: To the closest Blue Cross Office below

Blue Cross Offices

Atlantic Canada

PO Box 220
644 Main St
Moncton NB E1C 8L3

Saskatchewan

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

Quebec

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

Alberta

10009 - 108th St NW
Edmonton AB T5J 3C5

Ontario

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

British Columbia

PO Box 7000
Vancouver BC V6B 4E1

Manitoba

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