

## Pre-Authorized Debit Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Manitoba Blue Cross Certificate Number \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone Numbers \_\_\_\_\_ / \_\_\_\_\_  
Home Cell

Financial Institution Name			
Financial Institution Information	Transit Number	Institution Number	Account Number

For verification purposes, please enclose a void cheque.



### Pre-Authorized Debit Agreement

I authorize Manitoba Blue Cross to perform a personal Pre-Authorized Debit (PAD) on the first of every month for each billing period. The amount may vary. I will notify Manitoba Blue Cross in writing of any changes to my account information. I may revoke my authorization at any time, subject to providing notice of 30 days. For more information on my right to cancel a PAD agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). **I have certain recourse rights if any debit does not comply with this agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Second Authorized Signature (if required) \_\_\_\_\_ Date \_\_\_\_\_

Please include all signatures required for cheque endorsement.

