

Mail: PO Box 7000, Vancouver, BC V6B 4E1 | Drop it off: 4250 Canada Way, Burnaby, BC | Fax: 604 419-2199 | pac.bluecross.ca

PART 1 — MEMBER INFORMATION

Policy number		Member ID number		
Last name		First name		Daytime phone number (10 digits)
Street address		City	Province	Postal code

PART 2 — ACCOUNT HOLDER(S) INFORMATION (Policy sponsor, if different from member)

Last name		First name			
Last name		First name			
Business name (if applicable)					
Street address		City	Province	Postal code	Daytime phone number (10 digits)

PART 3 — PAYMENT METHOD (Choose one method below)

- Pre-authorized debit (PAD)** — Attach a cheque marked VOID or a pre-authorized payment form provided by your bank that identifies your branch and account information. This will only apply to the payment being withdrawn from your banking account (PAD). If you wish to change your banking information to receive claims payments in that same account, please contact us. The only frequency available for PAD is monthly. Pre-authorized payment account type: Business Personal.
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- Credit card** — In accordance with Payments Canada safety and privacy regulations, we collect *only* the last four (4) digits of your credit card number. DO NOT write your full credit card number on this application form.
- Visa Mastercard American Express
- Name on card _____ Last four (4) digits of credit card: _____ Expiry date (mm/yy): ____ / ____

PART 4 — AUTHORIZATION

I (We) authorize PBC to make deductions, from the credit card or bank account indicated, either through monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under the Member's policy. Each debit will occur on or about the first business day of the month, beginning on the effective date of coverage.

I (We) agree to waive the requirement for PBC to notify me (us) of this authorization before the first payment is processed and any subsequent monthly regular payment.

The withdrawal amount is considered variable under the Payments Canada rules.

PBC will provide me (us) at least three (3) business days written notice should there be a change in either the amount of the monthly regular payment or premium due date. Any notices, to be sent under this agreement, will be sent to the Member's most recent address that PBC has on record at the time a notice is sent.

All persons, whose signatures are required to sign on this account, have signed this authorization.

Pacific Blue Cross may terminate coverage, or change the method of payment with written approval of the Policy Sponsor to another qualifying method, should a withdrawal be refused for any reason.

Pacific Blue Cross will charge a fee for any withdrawal that is not honoured.

I (We) will notify PBC in writing of any changes in the account information or termination of this authorization within ten (10) business days prior to the next debit.

I/We have certain rights if any debit does not comply with this agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit payments.ca.

Account/card holder's signature X	Date (mm-dd-yyyy)	Second account/card holder's signature (if required) X	Date (mm-dd-yyyy)
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