



Broker Request for Direct Deposit

To have your commission payment deposited directly to your account, please complete and return this form to:

Pacific Blue Cross
Attn: Finance Department
PO Box 7000
Vancouver, BC V6B 4E1

Broker Information

Broker name _____ Phone number _____

Address _____ Vendor number _____
(PBC Use Only)

Would you like payment details e-mailed? Yes No If yes, please provide your e-mail address below:

E-mail address _____

Financial Institution Information

Name of financial institution _____

Address _____

City _____ Province _____ Postal code _____

Financial Institution Number _____ Transit number _____ Account number _____

Please attach your sample cheque marked "VOID" or a personalized deposit slip

I understand that the personal information on this form is collected and used to deposit payments to my account in accordance with the privacy policy of Pacific Blue Cross/BC Life.

I hereby authorize Pacific Blue Cross/BC Life to deposit, until further notice by me in writing, payments due to me into my account. I agree that Pacific Blue Cross/BC Life will have no further liability with respect to any payments made in accordance with this authorization and may at any time discontinue payment by direct deposit.

This authorization will remain in effect until Pacific Blue Cross/BC Life receives further notice by me in writing.

Authorized signature _____ Date (yyyy/mm/dd) _____

Name and title (please print) _____