

MUNICIPAL EMPLOYEES BENEFITS PROGRAM – DISABILITY INCOME PLAN

PO Box 764, Winnipeg, MB R3C 2L4

DIRECT DEPOSIT ACCOUNT INFORMATION

Name

Address

City

Province

Postal Code

I enclose a blank cheque marked VOID for the account to which my monthly payments from the Disability Income Plan (processed by Blue Cross) are to be deposited.

I acknowledge that I will keep Blue Cross information of any changes in my home address, bank or bank account number.

Date

Signature

Attach VOID cheque below or if you DO NOT have a blank cheque, please ask your financial institution to complete the following:

Name of Financial Institution

Address

City

Province

Postal Code

Branch No.

Institution No.

Account No.

Name(s) of Account Holder(s)

Financial Institution Stamp Here:

