



DIRECT DEPOSIT REQUEST SGEU LTD PLAN MEMBER

_____ N/A 51828
(Plan Member Name) (Blue Cross ID Number) (Contract Number)

I hereby authorize that my SGEU LTD Benefits be paid through electronic fund transfers (direct deposit) into this account.

Date: _____ Signature: _____

Please enclose this form, along with an unsigned VOID cheque and return to:

**SGEU Head Office
1011 Devonshire Dr N
Regina SK S4X 2X4**

