



## DIRECT DEPOSIT FORM

Pacific First provides plan members with direct deposit so their dental and health benefits are paid directly into their bank accounts.

An email address is required in order for your Explanation of Benefits to be sent prior to payment of your claims.

Return this completed form to:

Pacific First Dental and Healthcare Plans  
#208 - 3970 Hastings Street  
Burnaby, BC V5C 6C1

Email: [maria@pacific-first.com](mailto:maria@pacific-first.com)  
Fax: 604-293-0344

### PLAN MEMBER INFORMATION

Plan No. \_\_\_\_\_

Employer Name: \_\_\_\_\_

Plan Member Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Attach a VOID cheque or Bank Direct Deposit Form**  
(available through your online banking)

I hereby authorize Pacific First Dental and Healthcare Plans to deposit Dental and Extended Health payments directly to my account.

Plan Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
yyyy/mm/dd