



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
#215 - 3993 Henning Drive
Burnaby, BC V5C 6P7

Email: 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