



Innovative Benefits Solutions

Enrollment Form/Electronic Deposit Authorization

200 Quikcard Centre
17010 103 Avenue
Edmonton AB T5S 1K7

p 780.426.7526
f 780.425.1625
1.800.232.1997
quikcard.com
admin@quikcard.com

Company Name
Company Plan Number
Division Number
Name
Address: City Province Postal Code
Phone Email
Effective Date
Date of Birth (d/m/y) Gender

Table with 4 columns: Dependents, Name, DOB (d/m/y), Gender. Rows include Spouse and multiple Child entries.

Do you or your spouse have any other coverage?
If yes, please indicate type of coverage
Name of other insurance plan or carrier

DECLARATION: The undersigned declares that all information and statements in this enrollment form and otherwise made in connection with this application to enroll are, true, accurate and complete. PERSONAL INFORMATION NOTICE: The information requested on and in respect of this application to enroll is required by Quikcard Solutions Inc.

Signature Date

Banking Information

Enter all the digits along the bottom of your cheque after the cheque number itself.

Transit Number Bank Number Account Number

Please attach a void cheque.

Electronic Deposit Authorization & Agreement

PLEASE ATTACH A VOID CHEQUE

I authorize Quikcard Solutions Inc. ("Quikcard") to credit the account identified on the attached void cheque (the "Account") for payments administered by Quikcard in respect of treatment claims.

I authorize Quikcard Solutions Inc. to credit my account for payments administered by Quikcard in respect of treatment claims.
I have attached a void cheque
Please use the email address above for payment notification

Signature Date

Consult Quikcard's privacy policy at www.quikcard.com/privacy-policy/ or contact Quikcard by phone or mail.