

Bank Authorization



Bank Account Information

Please PRINT clearly.

In order to verify the bank information, we also require a **voided check** from your account to process this request.

Account Name		
Routing/Transit Number	Account Number	
Name of Bank		
Address		
City	State	Zip Code

Automatic Monthly Payment Information

If you are adding an additional policy to the automatic monthly payment program, be sure to specify a draft day.

When selecting a draft day, please note that weekends and bank holidays affect when drafts occur. A draft may occur up to 3 days before or after the scheduled draft day.

Policy Number	Draft Day (1 - 28)	Monthly Premium	Monthly Loan Repayment (if applicable)
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

I/we hereby authorize Sun Life Financial to initiate debit entries, electronically, by paper means, or by any other commercially accepted method, to my/our checking account designated in this authorization. This authorization is to remain in full force and effect until Sun Life Financial has received notification from me/either of us of its termination at least two business days prior to the regularly scheduled draft day. I/we agree that Sun Life Financial shall be fully protected in making any such debit entry if Sun Life Financial does not receive sufficient notification to discontinue this agreement.

Sun Life Financial may forward this authorization to your bank upon request.

Joint Accounts require two signatures.

Account Signature X	Date (m/d/y)
Account Signature X	Date (m/d/y)

Return this form to:

PAC Department - SC 1237
Sun Life Financial
P. O. Box 9106
Wellesley Hills, MA 02481-9106