

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 Insurance and Annuity Company of New York, a member of the Sun Life Financial group of companies ("the Company"), 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 the Company 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 the Company shall be fully protected in making any such debit entry if the Company does not receive sufficient notification to discontinue this agreement.

Sun Life Insurance and Annuity Company of New York 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 Insurance and Annuity Company of New York
 P. O. Box 9191
 Wellesley Hills, MA 02481-9191

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