

To enjoy the safety and convenience of Sun Life’s direct deposit services, simply complete this form and return it using the contact information below.

**1 Insured information** (please print clearly)

Name of insured/employee		Policy number	
Street address			
City		State	Zip code
Name of authorized representative signing this form (if applicable)		Title	Phone number

**2 Financial institution**

Name of bank or financial institution	City and state of bank or financial institution
Insured/employee’s account number at bank or financial institution	Bank or financial institution routing number

**3 Insured authorization statement**

I hereby authorize Sun Life Assurance Company of Canada, including any of its subsidiaries and affiliates, to make all payments due under the policy listed above by direct deposit to the account designated above. This authorization shall be effective until further written notice from me, or another legally authorized representative, is received by Sun Life Assurance Company of Canada.

To correct any overpayments credited to this account, I hereby authorize and direct the financial institution designated above to debit this account and refund such overpayment to Sun Life Assurance Company of Canada.

Signature of insured/employee X	Date (mm/dd/yyyy)
Signature of authorized representative (if applicable) X	Date (mm/dd/yyyy)


**Contact us**

 **By mail**  
Sun Life Assurance Company of Canada  
300 Southborough Drive, STE 200  
South Portland, ME 04106-6914

 **By fax**  
866.376.9480

**By e-mail**  
[slfworksiteclaims@disabilityrms.com](mailto:slfworksiteclaims@disabilityrms.com)

 [www.sunlife.com/us](http://www.sunlife.com/us)

 Customer Service **877-820-5306** M–F 8:00 a.m. – 5:00 p.m., ET