

SunAdvantage™

Pre-authorized debit (PAD) agreement

Category: Business



To use PAD you must agree to all the terms of this authorization. By signing below as payor, you agree to the following:

Sun Life Assurance Company of Canada, is authorized to make monthly withdrawals from the account noted below, or any account from which you direct us to take withdrawals. The withdrawals will pay for the monthly premium including taxes for the group policy issued by us to the group policyholder. The premium due will be the amount stated in the monthly premium statement mailed to you by us.

If any withdrawal is not honoured within the grace period allowed for premium payments, this agreement and the insurance coverage detailed in the premium statement will end without further notice. We will pay for any financial institution charges for handling withdrawals.

Variable PAD amounts

You understand that your monthly PAD withdrawals will be variable amounts due to the administrative adjustments that may be processed and reflected on your monthly premium statement.

Timing of payment

Your monthly PAD withdrawals will be processed on the first business Friday of each month.

Waiver

You agree to waive the requirement that the company notify you of:

- this authorization before the first payment is processed
- subsequent payments, and
- any changes to the amount or date of the payment initiated by you or the company.

Recourse/Reimbursement

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre-Authorized Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

Cancellation

Your PAD Agreement may be cancelled provided written notice is received 30 days before the next scheduled PAD.

Assignment

You agree the company may not assign this authorization to another company or person to permit them to debit your account for these payments (for example where there has been a change in control of the company) without providing at least 10 days prior written notice to you.

1 Client Information

Policy number	Subdivision number	Full legal name of company			
Address (street number and name)		Apartment or suite	City	Province	Postal code

2 Bank Account Information

Complete the information in the boxes to the right using your current chequing account as a guide.

PLEASE ATTACH A BLANK CHEQUE MARKED "VOID"

Name of financial institution		
Transit number	Institution number	Account number

Transit #
Institution #
Account #

3 Authority to debit account

I/We confirm that all persons whose signatures are required to authorize bank withdrawals have signed below:

Company name on cheque	
Signature(s) of Account Holder(s)	Date (dd-mm-yyyy)
X	- -
Signature of joint Account Holder (if applicable)	Date (dd-mm-yyyy)
X	- -

The SunAdvantage products are offered by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

4 Contact Information

Send the completed form to SunAdvantage Client Services:

1155 Metcalfe 3rd floor
 Montreal QC H3B 2V6
 Fax: Toll-free 1-877-823-6605