

Payment Agreement and Bank Draft Authorization



Payment Authorization To:

Administrative Services
 300 Southborough Drive
 Suite 200
 South Portland, ME 04106-6914

Applicant name _____
 Address _____
 City _____ State _____ Zip _____
 Last four of SSN _____ Phone _____

New Participant Change to an Existing Plan

Insured Name	Product	Monthly Premium
		\$
		\$
		\$
		\$
Total Monthly Premium		\$

Bank draft date _____ day of each month

I accept that this authority will remain in effect until the administrator has received written notice of termination from me. I understand that the Administrator's duty is to divide and distribute my funds. If any checks remitted are not paid for any reason, the Administrator will be under no liability whatsoever to me, even though such non-payment may result in lapse of insurance.

Signature _____ Date _____

Please complete this section if mode of participation is bank draft.

This authorization is to honor checks drawn by Administrative Services to the Bank named below:

As a convenience to me, I hereby request and authorize you to charge my account and to pay checks or Electronic Funds transfers drawn on my account by and payable to the order of Administrative Services provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in regard to each such check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check.

This authorization is effective immediately unless otherwise specified.

Attach Void Check Here STAPLE OR TAPE SAMPLE (VOID) CHECK HERE FOR CODING PURPOSES WITH THE FINANCIAL INSTITUTION'S NAME AND ADDRESS.

FOR INTERNAL USE ONLY Type of Account: Checking Savings
 Transit Routing Numbers Bank Account Number

I hereby request Administrative Services to periodically draw a check on the account of this signer for the purpose of paying monies due on policies or plans issued. Administrative Services reserves the right to revoke this plan. Administrative Services may, at its discretion, withdraw by means of Electronic Funds Transfer in lieu of a paper check.

Nothing in this Payment Agreement and Bank Draft Authorization shall prevent me from (a) increasing or decreasing any insurance program with either the Company or the above-names Financial Institution, or (b) terminating future payments to either the Company or the above named Financial Institution(s).

Insurance products underwritten and issued by Union Security Insurance Company (Kansas City, MO). Group Hospital Confinement Indemnity insurance underwritten by Fidelity Security Life Insurance Company (Kansas City, MO). Administered by Disability RMS, an affiliate of Sun Life.

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