

**Electronic Funds Direct Deposit Authorization  
for Commissions and Fees**



**New Request**     **Change in Depository**

*To be completed by producer. Fax completed form and a photocopy of a voided check to 816.881.8558.*

\_\_\_\_\_ COMMISSION RECIPIENT                      SOCIAL SECURITY NO. / TAX ID NO.                      PAYEE NO.

I authorize Union Security Insurance Company to direct my total Group Commission to my bank for crediting to my account as designated below. I understand this agreement will take effect 30 days of receipt by Union Security Insurance Company.

My account no. \_\_\_\_\_ Type of account:     Checking     Savings  
**Please include a photocopy of a voided check.**

Full name and address of bank to which payment is to be made

\_\_\_\_\_  
\_\_\_\_\_

Deposits made under this agreement will be in full satisfaction of net pay due me. When the direct deposit is activated, your commission statements will only be available online at [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com). I hereby authorize Union Security Insurance Company to initiate adjustments to my account for deposits made in error. I hereby release said bank from any liability, direct or indirect, which may occur as a result of making such refunds or adjustments initiated by Union Security Insurance Company. I also understand that Union Security Insurance Company reserves the right to pay me by check while this agreement is in effect.

I understand that I have the right to cancel or terminate this agreement and such action will take effect when written notice of termination or cancellation from me is received at Union Security Insurance Company at the address stated below.

\_\_\_\_\_ DATE    SIGNATURE    TELEPHONE NO.

**FAX COMPLETED FORM AND PHOTOCOPY OF VOIDED CHECK TO 816.881.8558**

**363**

18-127/1010

\_\_\_\_\_20\_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

DOLLARS

**VOID**

**UNITED MISSOURI CITY BANK**  
Member FDIC  
231-1400 ■ P.O. Box 419949 ■ Kansas City, Missouri 64141

CMBL 8-89

MEMO \_\_\_\_\_

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Insurance products are underwritten by Union Security Insurance Company (USIC) (Kansas City, MO) and administered by Sun Life Assurance Company of Canada (SLOC) (Wellesley Hills, MA). Prepaid dental products are provided by USIC and are administered by SLOC, and are provided by certain prepaid dental companies affiliated with SLOC in certain states. Group Hospital Confinement Indemnity "Gap" or Supplemental Medical Expense "Gap" insurance is underwritten by Fidelity Security Life Insurance Company (Kansas City, MO) and administered by SLOC.

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