

Direct Deposit Authorization for International Student Policies

In this form, *you* and *your* refer to the healthcare provider. *We, us, our* and *the Company* refer to Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

Complete this form if you would like to (please check one):

- have your healthcare claim payments deposited directly to your account by electronic fund transfer (EFT)
- change your banking information
- get a preferred provider identification number

Please PRINT clearly.

1 General information

If you are a physician, please provide the address of all locations where you see patients, on a separate sheet of paper if more space is needed.

Provider name (if you are a physician, please provide your full name)		Provincial College of Physicians and Surgeons Certification Number	
Provider identification number (if known)	Contact name (if different than provider name)		
Address			
City	Province	Postal code	Telephone number

2 EFT direct deposit information

Please attach a blank cheque, marked *VOID* across the front, to this form.

Transit #	Institution #	Account #
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Direct deposits to the account you designate will commence in seven to ten business days upon receipt of your completed form.

Terms and conditions

In connection with the direct deposit of your claim payments, you agree that:

- your bank or financial institution is authorized to treat any direct deposit by Sun Life Assurance Company of Canada as though it was made by you
- you or Sun Life Assurance Company of Canada may cancel this direct deposit agreement at any time by giving notice in writing
- the agreement is cancelled automatically if Sun Life Assurance Company of Canada is unable to transfer funds electronically to your account
- you will refund to Sun Life Assurance Company of Canada, any payments we may deposit to your account that are not contractually due

Signature of account holder X	Date signed (dd-mm-yyyy)
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3 Mailing instructions - keep a copy for your records

Email: case.mgmt@sunlife.com or

Toll free fax: 1-866-291-9479 or

Mail to:

Sun Life Assurance Company of Canada
1 York Street (International Student Claims)
Toronto ON Canada M5J 0B6