

# Personal Health Insurance – Pre-authorized chequing (PAC) or Credit card authorization



Policy <b>37000</b>	ID number	First name of policy owner	Last name
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## Section A: Pre-authorized chequing

Bank change only

Start new PAC - withdrawal date of (Note: Day must be between 1 and 28)

Any outstanding premiums are to be paid by a one time special withdrawal – specify date

The only frequency available for PAC is monthly.

**IMPORTANT – Attach a cheque marked 'VOID' here.** A cheque is the only reliable source for banking information.

## Section B: Credit card

Credit card

First name	Last name	Expiry date (m/y)	Card type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
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Frequency  Annual  Monthly

Cardholder's telephone number

Once we receive your authorization form, we will contact you to obtain the credit card number.

## Section C: Payor information (If payor is not the owner of the policy)

First name	Last name	Date of birth (d/m/y)		
Relationship to owner	Contact name (If name above is a business)	Phone number – –		
Address Street	City	Province	Country	Postal code

## Authorization

- All Pre-authorized chequing (PAC) and credit card payors agree:
- (a) Sun Life Assurance Company of Canada may make deductions, at any time, for regular recurring payments and/or one-time payments from time to time, from their credit card or bank account indicated or any account they may designate in the future
  - (b) all PAC withdrawals be processed as personal under the Canadian Payments Association rules (this means they have 90 calendar days from the date the payment is processed, to claim reimbursement for any unauthorized payment)
  - (c) the withdrawal amount is considered variable under the Canadian Payments Association rules
  - (d) all credit card charges will be on the same day of the month as the coverage date. (for example: if coverage is approved on the 24th of the month, it will begin on the 25th and the premium will be paid on the 25th of every month). The policyowner agrees to pay the card issuer the insurance premium amounts according to the cardholder agreement that exists between himself and the card issuer. This authorization extends to any replacement cards and will remain in effect until cancelled
  - (e) premiums may increase from year to year and that the company will provide 45 days notice to the policy owner of any premium increase and the company will charge the payors' credit card or bank account with the increased amount
  - (f) any notices, to be sent to them under this agreement, may be sent to the owner's most recent address that the company has on record at the time a notice is sent
  - (g) all persons, whose signatures are required to sign on this account, have signed this agreement
  - (h) the company may charge a fee or terminate this policy for any withdrawal that is not honoured
  - (i) the company may not assign this authorization to another company or person, in order to permit them to debit the payors' account for these payments (e.g., where there has been a change in control of the company) without providing at least ten days' prior written notice
  - (j) they may cancel this authorization at any time, subject to providing the company ten days' written notice. They should contact their financial institution about their rights regarding cancellation. A sample cancellation form is available at [www.cdnpay.ca](http://www.cdnpay.ca)

- (k) they have certain recourse rights if any debit does not comply with this agreement. For example, they have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC agreement. To obtain more information on their recourse rights, they should contact their financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca), and
- (l) to waive the requirement that the company notify them of:
- this authorization before the first payment is processed,
  - any subsequent payments, and
  - any changes to the amount or date of the payment initiated by them or the company.

Signature of bank accountholder/credit cardholder X	Signature of bank accountholder/credit cardholder X
Signature of policy owner X	

Date (d/m/y)
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**You may contact us at:**

Sun Life Assurance Company of Canada  
 Personal Health Insurance  
 227 King Street South  
 P.O. Box 1601 Stn Waterloo  
 Waterloo ON N2J 4C5  
 Phone: 1 877 SUN-LIFE (1 877 786-5433)  
 Fax: 1 866 487-4745  
[www.sunlife.ca](http://www.sunlife.ca)