

Dental provider direct deposit authorization



Complete this form if you are a Dental provider and would like to (please check one):

- ☐ have assigned claim payments deposited directly to your bank account electronically.
- ☐ change your banking information currently on file for direct deposit with Sun Life Assurance Company of Canada.

Note: This is not an assignment of claim payment form. The assignment of claim payment needs to be entered into between you and the plan member.

1 General information

Your email address will be used to notify you when you have been set up for direct deposit. Please allow for processing time.

Dental provider's last name	First name
License number(s)	Email address

2 Direct deposit information

Assigned claim payments can be deposited into accounts at Canadian financial institutions only.

Clinic # 1

Address (street number and name)			Apartment or suite
City	Province	Postal code	Primary phone number

I authorize Sun Life Assurance Company of Canada to deposit claim payments assigned to me, the Dental provider, to the following bank account.

Provide either your account information OR attach a void cheque and indicate the cheque number in the space provided.

Attached void cheque number	Account holder name		
Transit number	Bank number	Account number	

Clinic # 2

Address (street number and name)			Apartment or suite
City	Province	Postal code	Primary phone number

I authorize Sun Life Assurance Company of Canada to deposit claim payments assigned to me, the Dental provider, to the following bank account.

Provide either your account information OR attach a void cheque and indicate the cheque number in the space provided.

Attached void cheque number	Account holder name		
Transit number	Bank number	Account number	

3 Terms and conditions

I acknowledge and agree that:

- Sun Life Assurance Company of Canada ("Sun Life") may use the banking information provided by me for the purpose of direct deposit of any assigned claims payment
- my bank or financial institution is authorized to treat any direct deposit from Sun Life as though it was made by me
- I or Sun Life may cancel this direct deposit agreement at any time by giving notice in writing
- this agreement is cancelled automatically if Sun Life is unable to transfer funds electronically into my account
- I will refund to Sun Life any payments deposited to my account in error
- I understand that Sun Life is not obligated to agree to assign payment to me, the Dental provider. In the event a claim payment has not been assigned to me, it will be the plan member's responsibility to arrange payment with me for goods and services rendered

Signature of Dental provider

X

Date signed (dd-mm-yyyy)

4 Mailing instructions – Please keep a copy for your records

Mail or fax your completed form to:

Fax number: 1-855-280-2708

Sun Life Assurance Company of Canada

PO Box 11048 Stn CV

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