

ACH Withdrawal Questions and Answers For Sun Life Premium Payments

Please see page 2 of this document for the ACH Authorization Form

Q. How do I set up an ACH withdrawal for insurance premium?

- A. Complete the *ACH Withdrawal Authorization Form*. To withdraw from a checking account, attach a voided check to the form. To withdraw from a savings account, provide the requested information (it is recommended that you obtain a letter from your bank identifying the account and transit/routing number for your bank). **Mail to:** ACH Withdrawal, Sun Life, PO Box 7247-7280, Philadelphia, PA 19170-7280.

Q. Can I attach a cancelled check instead of a voided check?

- A. No. You must attach a voided check not a cancelled check. If you attach a cancelled check, you may be at risk of the bank negotiating your check again.

Q. Can I fax the authorization form to Crosby?

- A. Yes, you may fax the form and copy of your voided check to Crosby at 617-928-0001.

Q. What happens if I do not complete the authorization form correctly or do not include the proper documentation?

- A. We will contact you if your form is not completed correctly or if additional documentation is required. You should continue to pay your premium with a "live" check until ACH has been set up.

Q. How do I know when my ACH payment will begin?

- B. In general, it will take 2-3 weeks for the request to be processed. Also, in order for the ACH process to take effect, your premiums must be paid through the current billing period, or else the ACH will not commence for the following billing period.

Q. When will the premium be withdrawn from my account?

- A. The payment of your premium will be withdrawn on the 5th of the month for which the payment is due. If the 5th of the month falls on a weekend or holiday, funds will be withdrawn the next business day. For example, if February 5th is a Sunday, funds will be withdrawn on Monday, February 6th. If you are mailing your ACH form after the 1st of the month, please include a check for the current month's premium.

Q. How do I stop ACH transfers? What if I close or change my account?

- A. To stop transfers, notify Crosby in writing at least two weeks prior to the 5th of the month in which you wish to stop the ACH withdrawal. Please provide the date on which this request is to be effective. Crosby will remove you from the ACH transfer system and you must begin paying premiums by mailing a check. If you would like to request premium payment coupons, contact us 800-462-2235.



ACH Withdrawal Authorization - For Sun Life Premium Payments Only

Agreement Type	___ New Agreement ___ Change Account (please choose one)																	
Employee Information	Name on Bank Account _____ Certificate Number _____																	
Please Print	Participant Name _____																	
	Plan: Sun Life																	
	Home Address _____																	
	Daytime Phone No. (_____) _____ Email address _____																	
Account Information	I authorize Crosby Benefit Systems to withdraw my portion of the monthly premium from my: ___ CHECKING account or ___ SAVINGS account																	
Please SIGN	Signed _____ Date _____																	
Complete for Checking Account Only	<p>Please tape a voided check for checking account. (Do not staple.)</p> <p>DO NOT USE A CANCELLED CHECK.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">John Doe 1000 Main St. Anytown, USA 11111</td> <td style="width: 20%; text-align: center;">V - O - I - D</td> <td style="width: 20%; text-align: right;">Date: _____ 1245</td> </tr> <tr> <td colspan="2">Pay to the Order Of: _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="3" style="text-align: center;">PLEASE TAPE A VOIDED CHECK HERE</td> </tr> <tr> <td colspan="3">Memo _____</td> </tr> <tr> <td colspan="3"> 123456789 00111 11111 1245</td> </tr> </table>		John Doe 1000 Main St. Anytown, USA 11111	V - O - I - D	Date: _____ 1245	Pay to the Order Of: _____		\$ _____	PLEASE TAPE A VOIDED CHECK HERE			Memo _____			123456789 00111 11111 1245		
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Pay to the Order Of: _____		\$ _____																
PLEASE TAPE A VOIDED CHECK HERE																		
Memo _____																		
123456789 00111 11111 1245																		
Complete for Savings Account	For Savings Account: Routing/Transit Number: _____ Savings Account Number: _____ Or attach a bank letter with savings routing and account number																	
Submission Information	Fax completed forms to: 617-928-0001	Or mail to: ACH Withdrawal Sun Life PO Box 7247-7280 Philadelphia, PA 19170-7280																
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For Admin Use Only	Set Up (name) _____ Date Received ___/___/___ Date Set Up ___/___/___ Paid Thru Date ___/___/___ Contacted Participant Y N Amount due: \$ _____ Missing Information _____																	

