

SENTRY LIFE INSURANCE COMPANY
 PO Box 8024
 Stevens Point, WI 54481-8024
 Phone: 1-800-533-7827, Option 3
 Fax: 1-800-346-8901
 Email: GroupAccounting@sentry.com



GROUP INSURANCE – AUTOMATED CLEARING HOUSE AUTHORIZATION

Group Name: _____

City: _____ State: _____

Group Number: _____

Authorization: The Group Named above authorizes Sentry to withdraw from the checking or savings account designated on this form via ACH (Automated Clearing House) an amount equal to the amount billed under the Group Number listed above and, if necessary, to initiate correcting debit or credit adjustments entries to the same account. The Group Named above agrees to be bound by NACHA operating rules.

The Group Named above understands and agrees that this authorization is subject to the following conditions:

- Group Named above will have adequate funds in this designated ACH account at least equal to the billed amount.
- Sentry may (but is not obligated to) attempt a second withdrawal if the financial institution does not honor payment on the effective date. Premium payments are not considered paid when they are not honored by the financial institution. Further, Sentry will incur no liability if the Group Named’s account has insufficient funds for a payment by automatic deduction.
- Group Named above is responsible for all fees at their bank (includes any financial institution) including insufficient funds or debit blockers (if applicable) and will notify the bank to allow Sentry’s ACH ID to withdraw from their account.
 - **Note:** Sentry’s ACH Company ID’s are **SENTRYINS5** (all states except New York) and **SENTRYINS6** (for New York).
- Group Named above will notify Sentry if there are changes to the bank account information or a change in bank occurs.
- This authorization will remain in effect until Sentry has received written notification of its termination at least 5 business days before the monthly withdrawal date or within 3 business days by calling Group Accounting at 1-800-533-7827, Option 3.

BANK ACCOUNT INFORMATION		
<input type="checkbox"/> New ACH Enrollment	<input type="checkbox"/> Change Bank Information	<input type="checkbox"/> Terminate ACH Authorization
Bank Name:		
Bank Address:		
Bank Phone Number:		
Bank Account type (choose one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings Type of Account : <input type="checkbox"/> Business		
Payer Name as it appears on the account:		
Bank Account Number (not more than 17 digits): -----	Bank Routing Number (not more than 9 digits): -----	
<i>I represent that I am either an officer, or an employee of the Group Named above and that I am authorized to sign this document on behalf of my employer, on the above referenced bank account.</i>		
Authorized Employee (Print Name and Title):		
Authorized Employee Signature:	Date:	
Email Address:	Phone Number:	