



Northeast Delta Dental
 One Delta Drive
 PO Box 2002
 Concord, NH 03302-2002
 800-537-1715
 www.nedelta.com

Delta Dental Plan of Maine
 Delta Dental Plan of New Hampshire, Inc.
 Delta Dental Plan of Vermont, Inc.

**PAYMENT OPTION FORM
 AUTHORIZATION AGREEMENT FOR
 AUTOMATIC WITHDRAWAL**

PLEASE TYPE OR PRINT LEGIBLY — IN BLUE OR BLACK INK ONLY

Applicant Name:			
Group Number: To be assigned by Northeast Delta Dental			
Effective Date:			
The applicant hereby authorizes Northeast Delta Dental to initiate debit entries against the checking account indicated below and further authorizes the bank named below (BANK) to debit the same to such account.			
Bank Name:			
City:		State:	
Checking Account Number: Type of account must be checking			
Transit/ABA Number: 9-digit number			
I would like to receive a copy of my bill: <input type="checkbox"/> YES <input type="checkbox"/> NO			

It is your responsibility to reconcile eligibility/status changes to the withdrawn amount. NOTE: Retroactive billing adjustments are not allowed past three months.

The debit entry will be initiated within the first five business days of each month and shall not exceed Northeast Delta Dental's billed amount.

This authority is to remain in full force and effect until Northeast Delta Dental and BANK have received written notification from the applicant of its termination in such time and in such manner as to afford Northeast Delta Dental and BANK a reasonable opportunity to act on it.

Authorized Signature:		Date:	
Please Print or Type Name:			

NOTE: PLEASE ATTACH A VOIDED CHECK FROM THE ACCOUNT TO BE USED.