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

Northeast Delta Dental
One Delta Drive
PO Box 2002
Concord, NH 03302-2002
Phone: 603-223-1160
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PAYMENT OPTION FORM - FILLABLE

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL

Premium Billed Groups

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

Group Name:	
Group Number(s): **(will be assigned for new groups)**	
Sublocation Number(s): **(list all)**	
Division Number:	

THE EFFECTIVE DATE OF AUTOMATIC WITHDRAWAL WILL BE THE NEXT MONTH FOLLOWING RECEIPT OF THIS FORM BY NORTHEAST DELTA DENTAL. THE AMOUNT WITHDRAWN WILL BE THE BALANCE ON ACCOUNT.

The applicant hereby authorizes Northeast Delta Dental to initiate debit entries against the checking account indicated below and further authorizes the bank named below to debit the same to such account.

Bank Name:			
City:		State:	
Transit/ABA Number: **9-digit number**			
Checking Account Number: **Type of account must be checking**			

The debit entry will be initiated by the 5th business day 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 has received written notification from the applicant of its termination in such time as to afford Northeast Delta Dental a reasonable opportunity to act on it, typically at least 3 business days.

Authorized Signature: /S/		Date:	
Please Print or Type Name:			

NOTE: PLEASE ATTACH A VOIDED CHECK FROM THE ACCOUNT TO BE USED OR—YOU MAY ATTACH A LETTER FROM YOUR BANK VERIFYING YOUR BANK INFORMATION