



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: <b>To be assigned by Northeast Delta Dental</b>			
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: <b>Type of account must be checking</b>			
Transit/ABA Number: <b>9-digit number</b>			

*It is your responsibility to reconcile eligibility/status changes to the withdrawn amount.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.**