



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  
 Fax: 603-223-1035  
 Email: accountingdepartment@nedelta.com

**PAYMENT OPTION FORM**  
**AUTHORIZATION AGREEMENT FOR**  
**AUTOMATIC WITHDRAWAL**  
**Monthly Billed ASO Groups**

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

Group Name:	
Group Number: <b>(will be assigned for new groups)</b>	
Sublocation Number:	
Division Number:	

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: <b>9-digit number</b>			
Checking Account Number: <b>Type of account must be checking</b>			

**The debit entry will occur on the second Friday of each month and shall not exceed the billed amount. The bill will be provided prior to the debit entry.**

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:		Date:	
Please Print or Type Name:			

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