



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
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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: (will be assigned for new groups)			
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: 9-digit number			
Checking Account Number: Type of account must be checking			

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