



Automated Clearing House (ACH) Authorization Form

Advantage Dental Plan (ADP) is so pleased to offer you a new service- ACH Payment Plan. Now you can have your payment deducted automatically from your checking or savings account.

The ACH Plan will help you in several ways:

- It saves time – fewer checks to write and mail
- Helps pay your bills in a convenient and timely manner – even if you're on vacation or out of town
- Your payment is always on time
- It saves postage – many people spend close to \$100 a year on postage
- It's easy to sign up for, easy to cancel
- Policy not canceled for non-payment
- Avoids delays in payment of dental services.

Here is how the ACH Payment Plan works:

You authorize the monthly scheduled payments (premium) to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day. In addition, proof of payment will appear on your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If you add or delete dependents from your policy, it may change your payment amount. If the amount of your payment changes as a result of a rate change, we will notify you at least 30 days before payment date. The ACH Payment Plan is dependable, flexible, convenient, and easy. To take advantage of the service, complete the attached authorization form.

All you need to do is:

- 1) Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
- 2) Fill in your name, financial institution name and location, and date.
- 3) Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

NOTE: You can print the document and mail with your enrollment form or if you submit electronically your name entered on the SIGNATURE line is acceptable as an electronic signature.



Advantage Dental Plan[®]
The Advantage Community

Please complete the information below

I authorize Advantage Dental Plan, Inc. to initiate electronic debit entries to my:

_____ checking account _____ savings account

for payment of monthly dental premium. The amount withdrawn is the amount indicated on the monthly invoice.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date _____

FINANCIAL INSTITUTION NAME (Please Print) _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

FINANCIAL INSTITUTION CITY AND STATE _____

SIGNATURE _____

The funds will be withdrawn on the 15th of the month or the 1st business day following the 15th if it falls on a weekend or holiday. If Advantage is notified by the financial institution of non-sufficient funds you will be responsible for a charge of \$25.00 payable to Advantage. Advantage will notify you by mail if this happens and you will need to call Advantage with 5 days in order to get your account and insurance reinstated.