



Credit Card Payment Form

Complete this form to charge your monthly premium to your credit/debit card.

You authorize Advantage Dental Plan, Inc. to charge your monthly premiums to your Visa or Master Card.

User reporting a change requires 30-day notice.

* You will be charged the amount owed for premium until you choose to cancel your automatic payment schedule. If you choose to cancel your automatic payment, or if changes are made to the account being charged, please contact Customer Service at 1-866-268-9615.

Payment date: Credit Card will be billed on the last day of the month for the next month's premiums.

Payment frequency: Monthly

Credit card number : _____ Security Code from Credit Card _____

Cardholder Name: _____

First _____ Last _____ MI _____

Card Type: VISA : _____ MasterCard: _____

Expiration Date (MM/YYYY): _____

Cardholder Billing Address:

Street _____ City _____
State _____ Zip Code _____

Member's daytime phone number: _____

Mailing Address (if different from Billing address):

Street _____ City _____
State _____ Zip Code _____

I authorize my plan, Advantage Dental Plan, Inc., to initiate debits/charges (and/or corrections to previous debits/charges) from my account with the financial/credit card institution identified by me on this form for payment for my contract with Advantage Dental Plan, Inc. for dues/premiums.

I also authorize that financial/credit card institution to reduce/charge my account by the amount of the debits/charges (and/or corrections to previous debits/charges) on the agreed upon schedule. This authorization will remain in effect until I provide notice revoking the authorization, at least 10 days before my account is to be debited/charged.

Authorized Signature(s) – as it/they appear in the financial institution's records. If the account is listed as a joint account, both account holders must sign. If the holder of the account is not an individual, the one signing on behalf of a company/ partnership /etc. must identify him/herself and his/her relationship to the company/partnership.

Signature: _____ Date: _____

Print name/Relationship: _____