

Automated Clearing House Payment Instructions

Washington Dental Service now offers you the convenience of paying your premium electronically through an automated clearing house (ACH) program. This program helps reduce the amount of time you spend paying bills and ensures that your premiums are paid every month.

To enroll in the ACH payment program, simply complete and sign the attached authorization agreement form and return it to Washington Dental Service along with a copy of a voided check. Please note that you must include a voided check and not a deposit slip.

For existing plans, the process may take more than one billing cycle, depending on when the authorization forms are received. If this is a new plan, please include the first month's premium in the form of a check, along with the ACH authorization form and other plan application documents.

In the event there are not enough funds in your account to cover the premium payment, we will require that payment be sent prior to the end of the month to maintain your coverage, along with a \$25 nonsufficient funds fee.

Once we receive payment, Washington Dental Service will continue with the ACH withdrawal the following month.

If you have any questions about this process, please feel free to contact your insurance representative or Washington Dental Service at (800) 572-7835, ext 2392.

Authorization Agreement for Automatic Payments

Company Name _____ Plan Number _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email Address _____

PLEASE ATTACH A COPY OF A VOIDED BLANK CHECK
(REQUIRED FOR PROCESSING)

As a convenience to me, I hereby authorize Washington Dental Service to initiate entries to my bank account for my monthly dental premium. I understand this will occur each month and that a record of the transaction will appear on my monthly bank statement. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authorization will remain in effect until revoked by me in writing to Washington Dental Service. In addition, I have the right to stop payment of a charge by timely notification to my financial institution prior to my account being charged. I understand, however, that both the financial institution and Washington Dental Service reserve the right to terminate this payment plan (or my participation therein). By signing below, I agree to the following terms:

- 1) I understand that payments will be withdrawn from my account the week prior to the 1st of each month and will be posted within 5 business days from this withdrawal. Washington Dental Service will need to receive any enrollment changes prior to the 14th of the month prior to the withdrawal date. Any changes made after the 14th will be effective on the following month's withdrawal.
- 2) Washington Dental Service may post insurance rate increases to my account without requiring additional authorization.
- 3) Payments that are not honored will not be submitted a second time by Washington Dental Service.
- 4) Washington Dental Service will send notices of payments that are not honored.
- 5) If a payment is not honored, my insurance coverage will be terminated 15 days after the notice has been sent, retroactive to the last date of paid coverage.
- 6) If I wish to continue my insurance coverage after a payment is not honored, Washington Dental Service must receive full payment prior to the end of that month.
- 7) Reinstatement is possible only if payment is received within 60 days of the date that the notice regarding the not-honored payment has been sent. After that, no reinstatement will be possible.
- 8) After two payments are not honored, reinstatement will not be possible.

Authorized Individual of the Account

Signature

Date

Print Name

Title

Bank Name _____

Bank Address _____

Name(s) on Bank Account _____

Bank Account Number _____ Routing Number _____

Type of Account: Checking Savings

Please return this authorization and a copy of a **VOIDED CHECK** (deposit slips are not acceptable) to:

Washington Dental Service
PO Box 75983
Seattle, WA 98115-0983
800-572-7835