

SIGN UP TODAY TO BEGIN ENJOYING THE ADVANTAGES OF AUTO PAYMENT:

- Eliminate late payments, ensuring there is no lapse in coverage.
- Save money by reducing postage and check writing fees.
- Save time – auto payment is fast, easy and convenient.

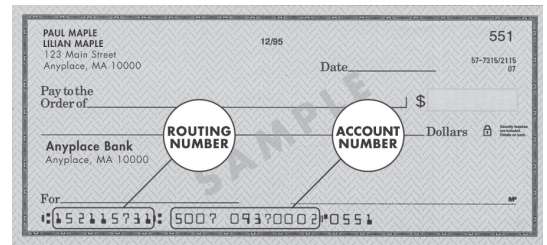
Complete this form and return it to Delta Dental with your next premium payment.

Your Information (please print)

Name on Bank Account	Subscriber Name		
Street Address	City	State	Zip Code
Primary Telephone Number			

Bank Information

Account Number		
Financial Institution (Depository)		
Branch	City	State
ACH Transit Routing Number		
<input type="checkbox"/> Savings <input type="checkbox"/> Checking		



Please use this sample check as a guide to find the bank's routing number and checking account number.

Your Authorization

I hereby authorize Delta Dental of Rhode Island to withdraw funds from my bank account no more than ten days prior to premiums being due. I understand that if funds are not available, coverage will be subject to termination after appropriate notification and that the account holder will reimburse Delta Dental of Rhode Island for any expenses incurred as a result of insufficient funds.

Signature	Printed Name	Date
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Please mail or fax your completed form to:

Delta Dental of Rhode Island
10 Charles Street
Providence, RI 02904
ATTN: Accounts Receivable Department
Fax: 401-752-6070

Questions?

Call the Accounts Receivable Department at
401-752-6200