Automatic Payment: A Convenient Way to Pay

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 Altus Dental at ar@altusdental.com

Your Information (please print)

Name on Checking Account | Business Name | Group Number

Street Address | City | State | Zip Code

Primary Telephone Number | Email Address

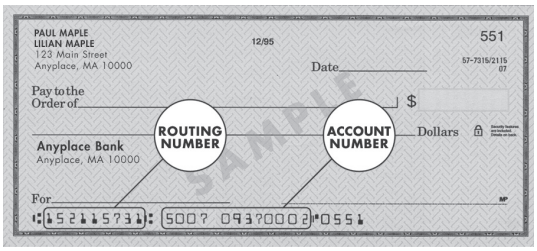
Bank Information

Account Number

Financial Institution (Depository)

Branch | City | State

ACH Transit Routing Number (9 digits)



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

Your Authorization

I hereby authorize Altus Dental to withdraw funds from the above referenced checking account on the first business day of each month for payment of dental and/or vision insurance premium(s). I understand that if funds are not available, coverage will be subject to termination after appropriate notification and that the account holder will reimburse Altus Dental for any expenses incurred as a result of insufficient funds.

Signature | Printed Name | Date

Please email, mail or fax your completed form to:

Email: ar@altusdental.com
Call: 1-877-223-2388
1-401-457-7210
Fax: 401-457-7272

Altus Dental Insurance Co., Inc.
10 Charles Street
Providence, RI 02904
ATTN: Accounts Receivable Department

Please Note: Premium payments will be debited on the first business day of the month. Your monthly invoice will indicate the amount of the automatic payment, making it easy for you to keep track of your premium payments. Have a question about ACH? Please contact Accounts Receivable at ar@altusdental.com.

To cancel automatic payment withdrawal, Altus Dental requires 30 days prior written notice.