



## *Introducing Automatic Payment by Bank Draft*

Delta Dental of Kentucky is pleased to announce the availability for groups to pay their monthly dental premiums by an automatic withdrawal from a designated checking account.

### **What are the advantages?**

With automatic withdrawals, your staff will not have to produce checks or rely on mail delivery. Your payment will be posted immediately to our system.

### **How does it work?**

Delta Dental will withdraw the amount due from your checking account on the first business day of the month. For example, the bill you receive mid-May for your June premium would be withdrawn on June 1st, the due date. We recommend that your group also use the online enrollment tool. Because online enrollment is real time, eligibility changes made through the 14th of the month will be reflected on the next bill. To register for online enrollment, email [webgroup@deltadentalky.com](mailto:webgroup@deltadentalky.com) with your group name, group number and contact information.

### **Who can use the automatic payment option?**

Any enrolled employer group can select this payment option. An authorized representative of your company would need to complete the Authorization for Payment Form on the other side of this document. Please make a copy for your records and keep with your contract. This authorization form amends your current contract.

### **Enroll now!**

To enroll, simply complete the Authorization for Payment Form on the other side of this document and fax to the Marketing Department at 877-439-8841 or mail with a voided/cancelled check from the bank account from which you want to have the payment withdrawn. Authorization forms received by the 10th of the month would activate withdrawal on the first of the next month.

**APPENDIX B**

**AUTHORIZATION FOR PAYMENT BY AUTOMATIC BANK DRAFT**

**Delta Dental of Kentucky, Inc.  
PO Box 242810  
Louisville, KY 40224-2810  
Phone: 502-736-4619  
FAX: 877-439-8841**

The undersigned authorized representative of the Company named below authorizes Delta Dental of Kentucky, Inc. (Delta Dental) to initiate withdrawals from the checking account specified below for the payment of any outstanding balances due under the terms and conditions selected below.

Withdrawals for balances due will occur on the 1<sup>st</sup> of each month.

This authorization remains in effect until otherwise notified in writing.

Bank Name:
Transit Number:
Account Number:
<i>(Include a voided check.)</i>
Company Name
Authorized Signature
Date