

**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.

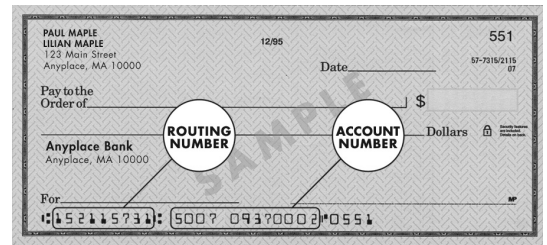
Complete this form and return it to Altus Dental with your next premium payment.

**Your Information** (please print)

Name on Checking Account	Business Name	Group Number	
Street Address	City	State	Zip Code
Primary Telephone Number			

**Bank Information**

Account Number		
Financial Institution (Depository)		
Branch	City	State
ACH Transit Routing Number		



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 Tuesday of each month for payment of dental 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
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**Please mail or fax your completed form to:**

Altus Dental Insurance Co., Inc.  
10 Charles Street  
Providence, RI 02904  
ATTN: Accounts Receivable Department  
Fax: 401-457-7272

**Questions?**

Call the Accounts Receivable Department at  
1-877-223-2388

**Please Note:** While premiums are due on the first of the month, the bank account will not be debited until the first Tuesday of each month. Your monthly invoice will indicate the exact date and amount of the automatic payment, making it easy for you to keep track of your premium payments.

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