



### Request for Dental Plan

As a convenience to me, I hereby request and authorize you to draw checks on my bank checking account maintained at:

Bank Name		City & State	
Street Address		My name as it appears on bank records (please print)	
Checking Account Number	Bank Transit Number from upper right hand corner of check	Numbers above line _____	Numbers below line 

I agree to the following statements:

- (1) The payment of premiums under this plan may be discontinued upon thirty (30) days written notice or without notice if any check is not paid upon presentation.
- (2) If any check is dishonored, the contract fee for which the check is drawn shall be considered in default.
- (3) This authorization may be cancelled by me upon receipt by Q-Dent, Inc. of my written notice.
- (4) Attached is a void check containing the above checking account information.

Dated \_\_\_\_\_

X \_\_\_\_\_

Signature as it appears on bank records

X \_\_\_\_\_

Joint account signature

(Office Copy)