

ACH Payment Authorization Form

To establish automatic monthly payments for dental insurance premiums, please complete the bottom portion of this form and return it to PASR with your enrollment or renewal form, along with a check for your first month's payment (see table below) made payable to: "PASR" 878 Century Drive, Mechanicsburg, PA 17055

By signing this form, you authorize the Pennsylvania Association of School Retirees (PASR) to make a monthly automatic clearing house (ACH) debit from your bank account for your dental payment according to the table below.

The check provided with this form will pay the first month's premium. This form gives PASR permission to debit your account for the remaining eleven months premiums for your annual dental contract term. PASR will debit your account on the 10th of each month according to the table below. If the 10th of the month falls on a weekend or holiday, the transfer will take place the next business day. It may take a few business days for these debits to be reflected in your checking account. You will **not** receive monthly bills or written payment confirmations. Confirmation of payments can be found in your transaction history by logging in to pasr.org.

You will continue to receive annual policy renewal notices to let you know that your policy is renewing. These notices will also inform you of any changes in the plan benefits or cost. You will not need to respond to these notices unless you wish to make a change to your policy or payment method. **Your dental policy will automatically renew and your monthly withdrawals will continue unless you choose to pay your premium in full or advise us that you are cancelling your policy.**

Please note: Monthly withdrawals from your checking account are only available for the dental premium. Vision premiums must be paid in full. *Monthly withdrawals cannot be applied using a credit card.*

Standard Plan			Premium Plan			
	First Month's Check	11 Monthly Withdrawals	Annual Total	First Month's Check	11Monthly Withdrawals	Annual Total
Individual	\$34.87	\$34.83	\$418	\$50	\$50	\$600
Two-Party	\$67.25	\$67.25	\$807	\$94	\$94	\$1,128
Family	\$103.99	\$103.91	\$1247.00	\$149	\$149	\$1,788

Keep top portion for your records.

 Detach and return this portion with your **Dental Application or Renewal Notice**, and first month's check made payable to: "PASR" 878 Century Drive, Mechanicsburg, PA 17055

I (we) authorize and request the Pennsylvania Association of School Retirees (PASR) to initiate electronic debit entries to my (our) account indicated on this form in the financial institution named on this form ("BANK"). I (we) authorize and request BANK to honor the debit entries initiated by PASR and debit these charges to that account. This authorization will remain in effect until all amounts owed related to the contract are paid in full, or until I (we) cancel this authorization. To cancel this monthly withdrawal, I (we) must notify PASR and BANK in writing 60 days in advance to give PASR and BANK a reasonable opportunity to act. Cancellation of this electronic debit authorization does not cancel the terms of the Dental contract, I am agreeing to pay the full annual Dental premium.

I understand that the funds will be withdrawn on the 10th day of each month and that it is my responsibility to ensure sufficient funds are in my account at that time. If the 10th of the month falls on a weekend or holiday, PASR will initiate a debit entry on the next business day. If more than 2 withdrawals in a 12-month period are denied for any reason I understand I risk cancellation of my Dental Benefits.

First Month's Check

Standard Plan

\$34.87 Individual

\$67.25 Two-Party

\$103.99 Family

Premium Plan

\$50 Individual

\$94 Two-Party

\$149 Family



Bank Name: _____

9-Digit Routing Number: _____

Checking Account Number: _____

Name on Checking Account: _____

Policyholder's Name (if different from above): _____

Signature: _____ Date: _____