

Connection Dental Plus Bank Draft Authorization Form

This form is required for monthly Bank Draft. Bank Draft is available from a checking or savings account. We will contact your bank to set up the automatic draft for future payments. Complete this page in full, sign your name and date. Attach a blank check marked VOID in the space below. Mail to the correspondence address below.

CURRENT OR FORMER FEDERAL EMPLOYEE, SURVIVOR ANNUITANT, OVERAGE DEPENDENT OF PARENTS FEDVIP PLAN		
GEHA ID Card Number OR Enrollee Social Security number:		
First name:	Middle initial:	Last name:
Phone number:		Survivor Annuitant Social Security number:
SELECT ONE PAYMENT OPTION (Your initial payment can be submitted to the payment address listed below.)		
<input type="checkbox"/> Monthly bank draft from checking account		<input type="checkbox"/> Monthly bank draft from savings account

ATTACH BLANK VOIDED CHECK

If a voided check is not available, please verify with your banking institution the correct routing number and account number, then write them in below:

Routing number: _____

Account number: _____

I authorize my bank listed above to pay and charge my bank account for checks drawn by and payable to the order of GEHA Connection Dental Plus on a monthly basis as indicated above. I understand that I will be charged on or before the 5th of the coverage month (or the next business day) by automatic withdrawal. This authorization shall extend to any premium increase effected by the Connection Dental Plus plan under the terms thereof. I understand that I must contact Connection Dental Plus or my bank to cancel this authorization.

Member signature:	Date:
Payor signature (if different):	Date:

If you have any questions, please call us at 1-833-434-2988.

Email:
GEHAPremiumBilling@mygeha.com
Phone: 1-833-434-2988
Fax: 1-855-256-5640

Correspondence:
GEHA Connection Dental Plus
Premium Billing
PO Box 1087
Wausau, WI 54402-1087

Payment:
GEHA Connection Dental Plus
Premium Billing
PO Box 952963
St. Louis, MO 63195-2963