

Connection Dental Plus Bank Draft Authorization Form

This form is required for monthly or quarterly 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 GEHA in an enclosed postage-paid envelope.

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 (Please enclose initial premium payment.)		
<input type="checkbox"/> Bank draft from checking account <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		<input type="checkbox"/> Bank draft from savings account <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly

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 or quarterly basis as indicated above. I understand that I will be charged in advance of the coverage month by automatic withdrawal. This authorization shall extend to any premium increase affected by the Connection Dental Plus plan under the terms thereof.

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