



DENTAL SAVINGS PLAN AUTO-RENEWAL AUTOMATIC PAYMENT DISCLOSURE

This form outlines your agreement with Northwest Dental, in which you authorize us to process electronic payments from the credit card, debit card, or bank account provided below. You will be automatically charged the annual Dental Savings Plan contract renewal fee on the start date listed below. Payments will continue annually until the end date has been satisfied or your contract has been canceled at your request. You will receive renewal information 45 days prior to your renewal date.

If there are changes to the fees, you will be notified at this time. **If you wish to cancel your contract, you must provide a written notification thirty (30) days before your current term renewal. Please provide Northwest Dental with a minimum 48-hour notice should you need to edit a payment for any reason.** If you cannot fulfill the agreement, it will be your reasonability to contact Northwest Dental to discuss alternate payment options. You will not receive any further correspondence from Northwest Dental regarding these payments if your account remains in good standing. A receipt for payments completed will be available upon request.

Patient Name: _____

Chart # (Office use ONLY- do NOT enter into system for auto-renewal): _____

Last 4 digits of Card/Bank Account: _____

Card Expiration Date: _____ CVV _____

Renewal Start Date: _____

Plan Selected:

CHILD

SINGLE ADULT

DUAL

FAMILY

*how many family
members on plan: _____

Patient Signature

(Parent/Guardian if under age of 18): _____

Date: _____

Card Holder/Bank Account

Authorizing Signature: _____

Date: _____