



Attn: Connection Programs
 P.O. Box 21542
 Eagan, MN 55121-9930
 800.793.9335
 geha.com/cdplus

4E

Date _____ Received _____
 Routing # _____
 Account # _____
 Prepared _____ by: _____
 Entered by: _____
 Date: _____

Internal Use Only

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.

INSTRUCTIONS: Please print with ballpoint pen or type. Complete this page in full, sign your name and date. Attach a blank check marked VOID in the space below. Mail to GEHA in the enclosed postage-paid envelope. New plan enrollees: **Please enclose a check or money order for your first premium payment**, along with your Enrollment Application. Make your checks payable to: GEHA Connection Dental Plus.

MEMBER OR SURVIVOR ANNUITANT INFORMATION

GEHA ID CARD NUMBER OR SOCIAL SECURITY NUMBER OF FEDERAL EMPLOYEE -----> _____

First Name _____ Middle Initial _____ Last Name _____ Daytime Phone () _____

SURVIVOR ANNUITANT, PUT YOUR OWN SOCIAL SECURITY NUMBER HERE -----> _____

BANK INFORMATION

Bank Name _____ Street Address _____

City _____ State _____ ZIP _____ Daytime Phone () _____

Select One Payment Option: **Bank Draft from Checking Account** **Bank Draft from Savings Account**
 Monthly Quarterly Monthly Quarterly

**ATTACH BLANK VOIDED CHECK
 OR
 SAVINGS ACCOUNT DEPOSIT SLIP HERE**

Verify with your banking institution the correct account number and routing number when using savings account option.

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.

Signature: _____ Date: _____