

Voluntary EFT Premium Groups Authorization Agreement For Electronic Funds Transfer (EFT) Debits



Delta Dental of Oregon & Alaska

Section 1 > Transaction type

Enroll Withdraw Change/edit current account

Effective date	Date of transfer <input type="checkbox"/> 25th (prior month for future month's premium) <input type="checkbox"/> 1st
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Section 2 > Instructions

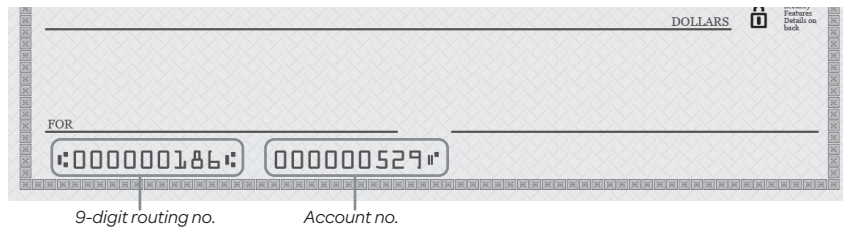
1. Complete and sign the authorization form
2. For a checking account, please attach a VOIDED check
3. For a savings account, attach a deposit slip
4. Return the authorization form with the voided check or deposit slip to Moda Health Plan, Inc.

Section 3 > Payment

Company name	Company tax ID number
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I (we) hereby authorize Moda Health Plan hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository name	Branch	
City	State	ZIP
Bank routing no.	Account no.	



Section 4 > Authorization

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time in such manner to afford GO:MP ANY and DEPOSITORY a reasonable opportunity to act on it.

Signature X
Date

Signature X
Date

Ready to submit? Mail or fax this form with a copy of a voided check to Moda Health:
Mail: Moda Health, Attn: Billing and Eligibility, 601 S.W. Second Ave., Portland, OR 97204-3156
Fax: 503-219-3696 Attn: Billing & Eligibility Individual

Questions? Contact Moda Health Customer Service at 888-217-2365. (TTY users, dial 711.)

modahealth.com

Health plans in Oregon and Alaska provided by Moda Health Plan, Inc.
 Dental plans in Oregon provided by Oregon Dental Service.
 Dental plans in Alaska provided by Oregon Dental Service doing business as Delta Dental of Alaska.