

**Authorization to Honor ACH Drawn By Guaranty Assurance Company (DINA Dental)**

Name of Depositor as Shown on Bank Records (Please Print)	Account Number
Name of Bank (Include Branch Name If Any)	
Address of Bank or Branch (City and State)	

As a convenience to me, I hereby request and authorize you to pay and charge to my account ACH drawn on my account by and payable to the order of Guaranty Assurance Company, Sugar Land, TX; provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights in respect to each such ACH shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until you actually receive such notice. I agree that you shall be fully protected in honoring any such ACH.

I further agree that if any such ACH be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Date	Signature of Depositor as Shown on Bank Records
------	---

**BDA- Guaranty Assurance Company, 101 Parklane Blvd, Ste 301, Sugar Land, TX 77478**

---

Policy # (For Home Office Use Only)	Print Name of Depositor as it Appears on Bank Records
-------------------------------------	---

Full Name of Bank (Include Branch Name If Any)	
Address of Bank or Branch (City and State)	
<b>Routing Number ( 9 digits usually at far left of check )</b>	<b>Account Number ( 10 digits )</b>

**Automatic Bank Draft Authorization**

I, the undersigned hereby authorize Guaranty Assurance Company, Sugar Land, TX, to draw ACH each month against my checking account at the Bank named above to pay my Dental Insurance Premium, and I agree that the presentation of such premium payment ACH shall constitute notices of insurance premiums due. I understand that this draft will take place on or around the 6<sup>th</sup> of each month until I discontinue my coverage with written notification.

\_\_\_\_\_ Date Completed

\_\_\_\_\_ Signature of Depositor as it Appears on Bank Records

**\*\*\* Please Attach a Copy of a Voided Check \*\*\***  
**And send form to: [ldouglas@fcdental.com](mailto:ldouglas@fcdental.com)**  
**Fax: 832-415-0131**