



Preauthorized Banking Withdrawal Agreement

Complete this form only if you have elected preauthorized banking withdrawal. Do not complete this form if you have chosen to pay each month via check.

Account Holder's Name: _____

I authorize Dentist Direct to initiate debit entries to the account indicated below. This account is a (check one):

Checking account

Savings account

Furthermore, I authorize Dentist Direct and the DEPOSITORY named below to initiate credit entries and other adjustments of any debit entries made in error. I understand that debit entries will be made to the account on or around the fifth business day of each month.

Signature: _____

Date: ____/____/____

Printed Name: _____

Title: _____

Please attach a voided check in this space for the purpose of setting up your pre-authorized banking withdrawal.

Please DO NOT use a deposit slip.

Not all deposit slips contain the information that is necessary to set up your account.

Depository Bank: JPMorgan Chase Bank, N.A.
Address or Branch: 510 S. 200 W.
City, State, & ZIP: Bountiful, UT 84010

This agreement shall remain in effect until I give Dentist Direct written notification of its termination and allow a reasonable amount of time for Dentist Direct and the DEPOSITORY to act on it.