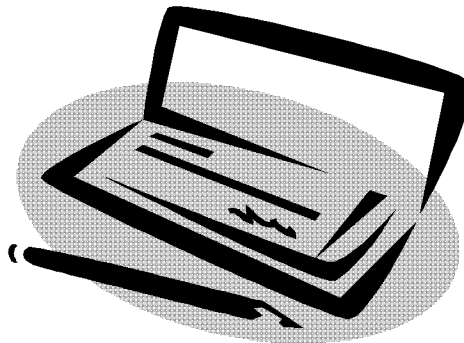




**ARE YOU TIRED OF WRITING CHECKS EVERY MONTH?
DON'T LIKE TRYING TO REMEMBER WHEN BILLS ARE DUE?**



SIGN UP FOR AUTOMATIC PAYMENT!

Sterling Health Services will draft your bank account between the 7th and 10th of each month for the monthly pre-paid dental payment. All you need to do is complete the reverse side of this form, return it to us with a voided check, and we will take care of the rest!

QUESTIONS?

Call (405) 728-1278 or Toll Free (866) 632-8882
One of our friendly Customer Service Representatives will be happy to answer your questions.



P.O. Box 891330
Oklahoma City, OK 73189
Phone: (405)728-1278 Toll Free: (866) 632-8882
Fax: (405) 720-2441

ACH Authorization Form

This form **MUST** be accompanied by a **Printed Voided Check or Bank Letter**

Add Delete Change

Resident Name: _____

Long Term Care Facility: _____

Funds Settlement Information

Bank Name: _____

Account Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Routing # (9 digits) _____

Account # _____

_____ (hereinafter referred to as Owner) authorizes Sterling Health Services, LLC, or its designated assignee, to initiate ACH transfer entries and to credit and/or debit the account identified herein for monthly premium payments. This authorization shall remain in effect unless and until Sterling Health Services has received written notification from Owner that this authorization has been terminated in such time and manner to allow Sterling Health Services to act.

Owner understands that drafts will be initiated between the 7th and the 10th of each month and that Sterling Health Services reserves the right to charge a fee of \$17.50 for each returned draft due to insufficient funds.

Undersigned represents and warrants to Sterling Health Services that the person executing this Release is an authorized signatory on the Account referenced above and all information regarding the Account and Account Owner is true and correct.

_____/ /
Account Owner Signature Date

Print Name