



## **DENTAL SAVINGS PLAN AUTO-RENEWAL**

### AUTOMATIC PAYMENT DISCLOSURE

This form outlines your agreement with Neighborhood Dental, in which you authorize us to process electronic payments from the credit card, debit card, or bank account provided below. You will be automatically charged the annual Dental Savings Plan contract renewal fee on the start date listed below. Payments will continue annually until the end date has been satisfied or your contract has been cancelled at your request. You will receive renewal information 45 days prior to your renewal date. If there are changes to the fees, you will be notified at this time. If you wish to cancel your contract, you must provide a written notification (30) days before to your current term renewal date. Please provide Neighborhood Dental with a minimum 48 hour notice, should you need to edit a payment for any reason. If you are unable to fulfill the agreement, it will be your responsibility to contact Neighborhood Dental to discuss alternate payment options. You will not receive any further correspondence from Neighborhood Dental regarding these payments if your account remains in good standing. A receipt for payments completed will be available upon request.

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**Patient Name:**

**Last 4 digits of Card/Bank Account:**

**Renewal Start Date:**

**Plan Selected:**

**CHILD**

**SINGLE ADULT**

**DUAL**

**FAMILY**

**Patient Signature**  
**(Parent/Guardian if under age of 18):**

\*how many family  
members on plan:

**Date:**

**Card Holder/Bank Account**  
**Authorizing Signature:**

**Date:**