

**DENTAL SAVINGS PLAN
AUTO-RENEWAL
AUTOMATIC PAYMENT DISCLOSURE**



This form outlines your agreement with Wehrkamp Dentistry, 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 thirty (30) days before your current term renewal.** Please provide Wehrkamp Dentistry, 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 Wehrkamp Dentistry to discuss alternate payment options. You will not receive any further correspondence from Wehrkamp Dentistry regarding these payments if your account remains in good standing. A receipt for payments completed will be available upon request.

Patient Name: _____

Last 4 digits of Card/Bank Account: _____

Renewal Start Date:

Plan Selected: _____

CHILD SINGLE ADULT DUAL FAMILY
*Number of family members on plan: ____

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

Date: _____

Card Holder/Bank Account
Authorizing Signature: _____

Date: _____