

**PAYROLL DEDUCTION AUTHORIZATION
WITH YOUR PAYROLL DEPARTMENT APPROVAL**

Name _____

Please Print Last Name First Name Middle Name

This is a

Payroll's New Application Soc. Sec. No. _____

Copy Change of Contract Dept. _____

Transfer from another Group Date Employed _____

Co. Q-DENT Emp. _____ Plan GROUP Bi-Weekly \$ _____
Semi-Monthly \$ _____
Monthly \$ _____

I hereby authorize my employer _____ as my
Remitting Agent, until this authorization be revoked in writing, to deduct
from my wages or salary, a sufficient amount to provide for the regular
prepayments of the prevailing membership fees, that are not otherwise
contributed for the Contract of Q-Dent, of Denham Springs, Louisiana and
to remit the same for me, and on my behalf, in advance, on or before the
20th day of each month.

Signature of Employee _____ Date _____