



RETIREE DENTAL ENROLLMENT FORM

NAME: _____ SSN: _____

DENTAL PLAN:	☐ CORE	☐ BUY-UP
COVERAGE TIER:	☐ RETIREE ONLY	☐ FAMILY

Effective Date: _____

Deduction Amount: _____ Deduction Starting Date: _____

DEPENDENT INFORMATION:

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

ACH CONSENT

I _____ (full name) authorize Pharr-San Juan-Alamo ISD to electronically debit my account (and if necessary, electronically credit my account to correct erroneous debits) indicated below on the 10th of each month for payment of my insurance.

BANK NAME _____ Checking Savings

ACCOUNT NUMBER _____ ROUTING NUMBER _____

I understand that this authorization will remain in effect until I cancel it in writing and agree to notify Pharr-San Juan-Alamo ISD Employee Benefit's Office in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday. I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account. I understand that because these are electronic transactions, these funds may be withdrawn from my accounts as soon as the above noted periodic transaction dates. In case of an ACH transaction being rejected for non-sufficient funds (NSF) I understand that Pharr-San Juan-Alamo ISD may at its discretion attempt to process the charge again within 30 days and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____

START COLLEGE NOW! COMPLETE EARLY! GO FAR!

601 E. Kelly St., Pharr, TX 78577 P: (956) 354-2029 www.psjaisd.us

It is the policy of Pharr-San Juan-Alamo ISD not to discriminate on the basis of sex, disability, race, color, religion, national origin or age.