The Federal Employees Dental and Vision Insurance Program (FEDVIP)

Revoke Automatic Bank Withdrawal Authorization Form

BENEFEDS™

P.O. Box 797 | Greenland, NH 03840-0797 | 1-877-888-FEDS (1-877-888-3337) TTY 1-877-889-5680

Use this form ONLY to revoke authorization for automatic bank withdrawal. BENEFEDS must receive your completed form ten (10) business days or more before the payment is scheduled to be made.

Provide as much accurate information as possible. We cannot process your request if we cannot reach you.

First name _____ Middle initial _____

Last name _____

BENEFEDS User ID (If applicable) _____

Primary email _____

Secondary email _____

Daytime phone ___-___-____ Other phone ___-___-____

Best times to call you about your request _____

I want to revoke authorization for automatic bank withdrawal for my (Choose one):

☐ FEDVIP dental plan ☐ FEDVIP vision plan ☐ FEDVIP dental and vision plans

By signing below, you authorize BENEFEDS to stop debiting your checking/savings account for the payment of your FEDVIP premiums.

This form does not cancel your FEDVIP coverage. You are still responsible for paying your FEDVIP premiums by payroll/annuity deduction or direct bill.

This form will constitute your copy of your authorization to BENEFEDS. Please retain a copy of this authorization for your records.

An account holder as shown on the bank records for this account must sign below.

Signature _____ (Required) Date signed ____ / ____ / ____ (Required—mm/dd/yyyy)

Mail to: BENEFEDS-FEDVIP | P.O. Box 797 | Greenland, NH 03840-0797 **Fax to:** 1-603-433-3834