

Starting January 1, 2022, GDIS will no longer accept payment in the form of checks. There will be no additional charges using a debit or credit card to make payments. The GDIS Board of Trustees voted to implement this policy change at their August meeting.

## Georgia Dental Insurance Services Credit Card Payment Authorization Form

Once completed, please  
fax to 404-634-6099 or  
call 770-395-0224

For Office Staff Only: \_\_\_\_\_ GDIS  
#: \_\_\_\_\_ CC

Insured Name: \_\_\_\_\_

Cardholder Name (as shown on card): \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Select Card Type: AMEX  VISA  MASTERCARD  DISCOVER

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Amount: \_\_\_\_\_

Cardholder's Approval \_\_\_\_\_  
(Print Your Name) (Signature)

\_\_\_\_\_  
(Date)

### Payment Processing Only

Start Date: \_\_\_\_\_

Approval Code: \_\_\_\_\_ Date: \_\_\_\_\_

Batch ID#: \_\_\_\_\_ Initials: \_\_\_\_\_

Department GDIS-Medical

Reason for Payment: Medical Insurance Premium