



Individual membership packet

Mail Completed packet to:
QCD of America
1664 Keller Pkwy. Suite 101
Keller, Texas 76248

For Questions you can Contact:
Email: members@qcdofamerica.com
Phone: 972-726-0444 -- 800-229-0304
Fax: 972-726-0448

www.QCDofAmerica.com

How do I enroll?

- 1) Fill out the last two pages of this packet. **Don't forget to sign and date!**
- 2) Submit a check for the \$20 initial enrollment fee and the first months payment.
- 3) Mail your signed enrollment and authorization forms along with your checks to:

QCD of America
1664 Keller Pkwy. Suite 101
Keller, Texas 76248

If you provide an email your QCD Membership Card will be sent to you the same day your payment is received.

Once you have received your membership card visit our website at www.QCDofAmerica.com to find your in-network dentist

The QCD of America Membership Services Department is available to assist each member at 972.726.0444 or toll-free 800.229.0304. Our service department operates Monday through Friday from 9:00 A.M. until 4:00 P.M. (Central Standard time).

The Single Payment Program

One Year Plan + 2 Free Months

Single Member	\$99.00
Single Member +1 Dependent	\$159.00
Family (3-7 members in same household)	\$229.00

Two Year Plan + 4 Free Months

Single Member	\$169.00
Single Member + 1 Dependent	259.00
Family (3-7 members in same household)	\$369.00

Monthly Payment Plan

(\$20 application fee required)

Single Member	\$8.95
Single member + 1 Dependent	\$12.95
Family (3-7 members in same household)	\$17.95



THE ESTABLISHED STANDARD

(Not an Insurance Plan)

- ◆ No Claim Forms, Deductibles or Coverage Maximums
- ◆ Immediate Coverage for all Pre-Existing Conditions
- ◆ Orthodontics (Braces) for Children and Adults
- ◆ May cover children up to the age of 26

SAMPLE DENTAL PROCEDURE ¹	FEE PAID WITH QCD OF AMERICA®	NATIONAL AVERAGE DENTAL FEES ²	SAVINGS WITH QCD OF AMERICA®
Oral Exam	\$9	\$35	74%
Full Mouth X-Ray	\$28	\$77	64%
Teeth Cleaning	\$24	\$54	56%
Amalgam (1Surface)	\$28	\$79	65%
Simple Extraction	\$36	\$80	55%
Root Canal (1Canal)	\$185	\$387	52%
Porcelain w/ Metal Crown (lab fees additional)	\$350	\$652	46%
Complete Upper or Lower Denture (lab fees additional)	\$400	\$770	48%

¹ A fee of \$8.00 is charge per appointment for infection control costs. There will be an additional charge for all lab fees less a 20% discount.

² The schedule represents a sample of highly utilized dental procedures. The average costs are estimated from data gathered by the U.S. Bureau of Labor Statistics, the American Dental Association, and the Chamber of Commerce Research Association.

- ◆ Please select any dentist within the QCD Affiliated Dentist Team and make an appointment.
- ◆ Please be sure to identify yourself as a QCD member and the reduced fee schedule will apply to all charges.
- ◆ Please call the QCD Member Services Department at 972.726.0444 or 1.800.229.0304 for assistance.
- ◆ Information may be obtained from the web site at www.qcdofamerica.com

Schedule of Programs Fees



Procedure Number	Member Fee	Procedure Number	Member Fee
DIAGNOSTIC DENTISTRY		ENDODONTICS	
D0120	PERIODICAL ORAL EXAMINATION\$9.00	D3110	PULP CAP, DIRECT.....\$19.00
D0140	LIMITED ORAL EXAMINATION, PROBLEM FOCUSED\$12.00	D3120	PULP CAP, INDIRECT\$24.00
D0150	COMPREHENSIVE ORAL EXAMINATION\$18.00	D3220	PULPOTOMY.....\$35.00
D0210	INTRAORAL X - RAY COMPLETE SERIES\$28.00	D3310	ROOT CANAL, ANTERIOR.....\$159.00
D0460	PULP VITALITY TEST.....\$15.00	D3320	ROOT CANAL, BICUSPID.....\$209.00
D9999	ASEPSIS FEE (INFECTION CONTROL)\$8.00	D3330	ROOT CANAL, MOLAR.....\$259.00
ALL BITEWING / SINGLE FILM X-RAYS.....20% DISCOUNT		D3920	HEMISECTIO.....\$65.00
PREVENTATIVE DENTISTRY		A specific root canal treatment or re-treatment may present unusual circumstances requiring additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.	
D1110	PROPHYLAXIS – ADULT\$24.00	PERIODONTICS	
D1120	PROPHYLAXIS – CHILD\$24.00	D4210	GINGIVECTOMY/GINGIVOPLASTY –(PER QUADRANT)....\$180.00
D1203	APPLICATION TOPICAL FLUORIDE – CHILD.....\$5.00	D4211	GINGIVECTOMY/GINGIVOPLASTY - (PER TOOTH).....\$50.00
D1204	APPLICATION TOPICAL FLUORIDE – ADULT\$5.00	D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - (PER QUADRANT)\$200.00
D1351	SEALANT-PER TOOTH\$14.00	D4260	OSSEOUS SURGERY-(PER QUADRANT) (INCLUDING FLAP ENTRY AND CLOSURE)\$260.00
D1510	SPACE MAINTAINER - FIXED UNILATERAL\$60.00	D4341	PERIODONTAL SCALING AND ROOT PLANING - (PER QUADRANT).....\$75.00
D1515	SPACE MAINTAINER - FIXED BILATERAL\$75.00	D4355	FULL MOUTH DEBRIDEMENT\$70.00
A specific preventative treatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.		D4910	PERIODONTAL MAINTENANCE PROCEDURES FOLLOWING ACTIVE THERAPY\$30.00
COSMETIC		A specific periodontal treatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.	
ALL COSMETIC DENTISTRY20% DISCOUNT		PROSTHODONTICS – REMOVABLE	
RESTORATIVE DENTISTRY		(LAB FEES ADDITIONAL COST)	
D2140	AMALGAM - 1 SURFACE, PRIMARY OR PERMANENT\$28.00	D5110	COMPLETE UPPER DENTURE (INCLUDING SIX MONTHS POST CARE)\$400.00
D2150	AMALGAM - 2 SURFACES, PRIMARY OR PERMANENT\$36.00	D5120	COMPLETE LOWER DENTURE (INCLUDING SIX MONTHS POST CARE)\$400.00
D2160	AMALGAM - 3 SURFACES, PRIMARY OR PERMANENT\$46.00	D5130	IMMEDIATE UPPER.....\$420.00
D2161	AMALGAM - 4 OR MORE SURFACES, PRIMARY OR PERMANENT\$56.00	D5140	IMMEDIATE LOWER.....\$420.00
D2330	COMPOSITE RESIN - 1 SURFACE, ANTERIOR\$38.00	D5211	UPPER PARTIAL DENTURE – RESIN BASE.....\$250.00
D2331	COMPOSITE RESIN - 2 SURFACES, ANTERIOR.....\$46.00	D5212	LOWER PARTIAL DENTURE – RESIN BASE.....\$250.00
D2332	COMPOSITE RESIN - 3 SURFACES, ANTERIOR.....\$56.00	D5213	UPPER PARTIAL – PREDOMINANTLY CAST BASE\$400.00
D2335	COMPOSITE RESIN - 4 OR MORE SURFACES OR INVOLVING INCISAL ANGLE, ANTERIOR\$66.00	D5214	LOWER PARTIAL – PREDOMINANTLY CAST BASE\$400.00
D2391	COMPOSITE RESIN - 1 SURFACE, POSTERIOR.....\$50.00	D5410	ADJUST COMPLETE DENTURE\$15.00
D2392	COMPOSITE RESIN - 2 SURFACES, POSTERIOR.....\$65.00	D5510	REPAIR BROKEN COMPLETE DENTURE BASE\$40.00
D2393	COMPOSITE RESIN - 3 SURFACES, POSTERIOR.....\$85.00	D5610	REPAIR RESIN DENTURE BASE\$35.00
D2394	COMPOSITE RESIN - 4 OR MORE SURFACES, POSTERIOR.....\$95.00	D5630	REPAIR OR REPLACE BROKEN CLASP.....\$45.00
D2750	CROWN - PORCELAIN TO HIGH NOBLE METAL (GOLD AND LAB FEES ADDITIONAL)\$350.00	D5640	REPLACE BROKEN TEETH – (PER TOOTH)\$30.00
D2751	CROWN - PORCELAIN TO BASE METAL (LAB FEES ADDITIONAL)\$320.00	D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE\$45.00
D2920	CEMENT CROWN\$20.00	D5660	ADD CLASP TO EXISTING PARTIAL DENTURE\$65.00
D2931	PREFABRICATED STAINLESS STEEL CROWN\$48.00	D5730	RELINE COMPLETE UPPER (CHAIRSIDE)\$75.00
D2940	SEDATIVE FILLING\$16.00	D5731	RELINE COMPLETE LOWER (CHAIRSIDE).....\$75.00
D2950	CORE BUILDUP, (INCLUDING ANY PINS)\$55.00	D5740	RELINE UPPER PARTIAL (CHAIRSIDE)\$75.00
D2951	PIN RETENTION – (PER TOOTH)\$20.00	D5741	RELINE LOWER PARTIAL (CHAIRSIDE).....\$75.00
D2952	CAST POST AND CORE IN ADDITION TO CROWN\$75.00	D5810	TEMPORARY COMPLETE UPPER DENTURE.....\$200.00
D2953	EACH ADDITIONAL CAST POST (SAME TOOTH)\$40.00	D5811	TEMPORARY COMPLETE LOWER DENTURE\$200.00
D2954	PREFAB POST / CORE IN ADDITION TO CROWN\$60.00	D5820	TEMPORARY PARTIAL - STAY PLATE UPPER.....\$180.00
D2970	TEMPORARY CROWN (FRACTURED TOOTH)\$40.00	D5821	TEMPORARY PARTIAL - STAY PLATE LOWER.....\$180.00

Schedule of Programs Fees (Continued)



PROSTHODONTICS – FIXED BRIDGES	
D6241	PONTIC-PORCELAIN FUSED TO BASE METAL\$320.00
D6751	CROWN-PORCELAIN FUSED TO BASE METAL\$320.00
D6791	CROWN-FULL CAST FUSED TO BASE METAL\$270.00
D6930	RECEMENT BRIDGE\$20.00
D6940	STRESS BREAKER\$90.00
D6950	PRECISION ATTACHMENT (EACH).....\$225.00

A specific prosthodontic treatment may present unusual circumstances requiring an additional cost. If precious metal (gold) is desired, the cost will be additional to the crown cost. Please consult the affiliated dentist as to the total cost prior to treatment.

ORAL SURGERY	
D7110	SINGLE TOOTH EXTRACTION\$36.00
D7120	EACH ADDITIONAL TOOTH\$34.00
D7130	ROOT REMOVAL – EXPOSED ROOTS\$48.00
D7210	SURGICAL EXTRACTION-ERUPTED\$68.00
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE\$78.00
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY\$109.00
D7240	REMOVAL OF IMPACTED TOOTH- COMPLETELY BONY\$129.00
D7241	REMOVAL OF IMPACTED TOOTH- COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS\$189.00
D7250	ROOT RECOVERY\$72.00
D7280	SURGICAL EXPOSURE PER TOOTH.....\$66.00
D7310	ALVEOLOPLASTY (PER QUADRANT WITH EXTRACTIONS)\$78.00
D7320	ALVEOLOPLASTY (PER QUADRANT WITHOUT EXTRACTIONS)\$84.00
D7960	FRENECTOMY\$99.00

A specific oral surgery procedure may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to

ORTHODONTICS (QCD GENERAL DENTIST ONLY)	
D8999	DIAGNOSTIC WORK UP RADIOGRAPHS, MODEL, RECORDS\$120.00
D8080	CHILD (QCD GENERAL DENTIST) CLASS I OR II FOR 24 MONTH TREATMENT\$2,200.00
D8090	ADULT (QCD GENERAL DENTIST) CLASS I OR II FOR 24 MONTH TREATMENT\$2,400.00
D8680	ORTHODONTIC RETENTION.....\$230.00

A special orthodontic treatment may present unusual circumstances requiring an additional cost. During the orthodontic consultation appointment, the affiliated dentist will explain all needed procedures, length of treatment, required fees and payment schedule.

GENERAL SERVICES	
D9999	FAILED APPOINTMENT (WITHOUT 24 HOURS NOTICE)\$30.00
D9999	PALLATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES.....\$20.00
D9999	OFFICE VISIT-AFTER HOURS\$45.00

IMPORTANT NOTICE

THE QCD OF AMERICA® DENTAL BENEFIT PROGRAM DOES NOT CONSTITUTE DENTAL INSURANCE AND IS NOT A HEALTH MAINTENANCE ORGANIZATION CONTRACT. QCD OF AMERICA® DOES NOT REIMBURSE THE AFFILIATED DENTIST OR INDEMNIFY THE MEMBER FOR THE COST OF DENTAL SERVICES RECEIVED BY THE MEMBER.

SPECIALTY CARE SERVICES
All scheduled charges listed are for services rendered by a QCD OF AMERICA® affiliated general dentist. All treatments provided by a QCD OF AMERICA® affiliated specialty dentist (advanced degree) in Endodontics, Periodontics, Prosthodontics, Oral Surgery, Pediatric Dentistry or Orthodontics (Board Certified or Board Eligible only) will be charged at a 20% discount from the affiliated specialty dentist's usual and customary fee for the treatment.

OTHER PROCEDURES AND PAYMENT FOR SERVICES
Any procedure not listed on the QCD OF AMERICA® Schedule of Dental Program Fees is available at the dentist's usual and customary fee less a 20% discount – this includes all lab fees. All fees included in the Schedule of Dental Fees are for payment at the time of service. The member may negotiate payment terms with the affiliated dentist, however, an

ASEPSIS FEE
An asepsis fee of \$8.00 per patient appointment is charged by all affiliated dentists to insure proper infection control for all QCD OF AMERICA® members.

QCD OF AMERICA® - EXCLUSIONS AND LIMITATIONS

- THE FOLLOWING EXCLUSIONS AND LIMITATIONS APPLY:
 - SERVICES COVERED UNDER WORKMEN'S COMPENSATION OR EMPLOYER'S LIABILITY LAWS;
 - COST OF ANY DENTAL CARE COVERED BY ANY MEDICAL INSURANCE;
 - SERVICES WHICH, IN THE OPINION OF THE ATTENDING DENTIST, ARE NOT NECESSARY FOR THE PATIENT'S DENTAL HEALTH OR CANNOT BE PERFORMED BECAUSE OF THE GENERAL HEALTH OF THE PATIENT;
 - GENERAL ANESTHESIA, I.V. SEDATION, HOSPITALIZATION, AND HOSPITAL OR MEDICAL CHARGES OF ANY TYPE.
- QCD OF AMERICA® MEMBER FEES APPLY TO SERVICES RENDERED BY AFFILIATED DENTAL OFFICES AND ARE SUBJECT TO CHANGE IN THE FUTURE.
- QCD OF AMERICA® MEMBER FEES DO NOT APPLY TO WORK IN PROGRESS OR IF THE PATIENT'S MEMBERSHIP IS NO LONGER VALID.
- QCD OF AMERICA® ASSUMES NO RESPONSIBILITY OR LIABILITY FOR SERVICES RENDERED BY AFFILIATED DENTISTS.
- ANY QCD OF AMERICA® MEMBER ACCEPTED FOR ORTHODONTIC TREATMENT MUST REMAIN A MEMBER OF THE PLAN FOR THE COMPLETE DURATION OF THE TREATMENT OR RISK ADDITIONAL CHARGES BY THE AFFILIATED DENTIST.
- ANY PROCEDURE MAY PRESENT UNUSUAL CIRCUMSTANCES REQUIRING AN ADDITIONAL COST. PLEASE CONSULT THE AFFILIATED DENTIST AS TO THE TOTAL TREATMENT COST PRIOR TO ANY SERVICE BEING RENDERED.



The Best Dental & Vision Benefit Value

- ✓ QCD offers over 3,000 highly qualified dental professionals
 - To locate a dentist in your area, visit www.qcdofamerica.com and type in your zip code

- ✓ QCD **Membership Services Team** is ready and willing to assist you in all your needs such as:
 - Benefit Questions
 - Treatment plans
 - Using the Online Portal
 - Finding a Dentist
 - Vision Benefits

- ✓ For more information on your **vision benefits**, please contact Davis Vision Customer Service at 877-923-2847

The QCD Team Members are available
Monday through Friday
9:00a-4:00p
Contact us at
800-229-0304 or 972-726-0444

qcd | WELLNESS PROGRAM

QCD of America Discount Prescription Card

www.QCDofAmerica.com

Save up to 80% on your prescriptions and your pet's prescriptions. Simply present this card at a network pharmacy.



No Fees
No Expiration Date

Pre-Activated Card
Use it over and over!

- ✓ Up to 80% on generic medications.
- ✓ Up to 20% on name brand prescriptions.
- ✓ Up to 80% on your PET medications.
- ✓ Unlike many other programs and discounts, QCD Wellness Rx Card is FREE to people of ALL AGES.

This is **NOT** an insurance program or membership club. Your **FREE Discount Drug Card** simply entitles you to a discount off the purchase price of prescription drugs. QCD Discount RX Card is administered by RxCareCard.

To print your card, visit www.QCDofAmerica.com and click on Wellness Program!

Clear Vision Discount Program

Davis Vision is pleased to provide you with a no-cost, traditional vision Discount Program that provides significant discounts on eye exams, lenses, frames and additional eyewear options. For more details, see the Accessing Provider Information section on the reverse side.

The Discount Program entitles you to the following discounts off usual and customary fees:

Comprehensive Eye Exam

Complete Eye Examination 15% Discount off Usual & Customary Contact Lens Examination 15% Discount off Usual & Customary

Frame/ ¹	Patient Price	Average Discount
Priced up to \$70 Retail \$40	40%	Priced over \$70 Retail \$40 plus 10% off the amount over \$70 28%

Spectacle Lenses (Uncoated Plastic)

Single	\$35	30%
Bifocal	\$55	27%
Trifocal	\$65	28%
Lenticular	\$110	31%

Lens Options (Add to Lens Prices Above)²

Standard Progressive	\$75	50%
Premium Progressive	\$125	35%-60%
Glass Lenses	\$18	40%
Polycarbonate Lenses	\$30	50%
Blended Invisible Bifocals	\$20	60%
Intermediate Vision Lenses	\$30	80%
Scratch Resistant Coating	\$20	33%-66%
Standard Anti-Reflective Coating	\$45	20%
Ultraviolet Coating	\$15	25%
Solid Tint	\$10	30%
Gradient Tint	\$12	20%
Photochromic Lenses	\$35	20%-45%
Plastic Photosensitive Lenses	\$65	35%-55%
High Index Lenses	\$55	40%

Conventional 20% off Provider's Usual & Customary 20% Disposable/Planned Replacement
10% off Provider's Usual & Customary 10%

Value Added Features

Lens 1-2-3!³ Membership Free Membership Up to 50% Laser Vision Correction Discount Up to 25% off Provider's U & C³ Up to 25%

1/ At WalMart locations, members will receive WalMart's everyday low price on frame and contact lens purchases. 2/ Special lens designs, materials, powers, and frames may require additional cost. 3/ Or receive an additional 5% discount on any advertised specials whichever is lower.



Clear Vision Discount Program Highlights

Vision Plan: Clear Vision Discount Plan **Control Code:** 2959 **Co-payment:** N/A, discount plan is 100% member paid at the time of service

Eye Examination – Members will receive a 15% discount on their comprehensive eye examination including dilation (when professionally indicated).

Eyewear (Frames and Spectacle Lenses or Contact Lenses) – Members will be entitled to substantial and verifiable savings on all of their eyewear needs. Discounts are uniform nationally and represent pricing well below Average Retail Prices. These discounts are based on published industry standard costs, not markdowns from artificially inflated prices.

Significant Savings – Client surveys indicate that programs providing discounts off retail prices of eyeglasses are subject to abuse due to the high associated markups of over 300% throughout the optical industry. Consequently, these programs do not result in a true “value-add” for the beneficiary. The proposed fixed-fee discounted pricing schedule provides both verifiable savings and benefit uniformity for all members from coast to coast.

Additional Value-Added Features – The Clear Vision Discount Program also offers significant discounts on replacement contact lenses and laser vision correction at no additional cost.

- Lens 123® is a mail order program that allows you to enjoy the guaranteed lowest prices on replacement contact lenses—save up to 60% off retail prices. Members can conveniently call 1-800-LENS123 with a current prescription for this value-added service. The Lens 123® contact lens replacement program is endorsed by the industry’s major manufacturers.
- Davis Vision’s Laser Vision Correction program provides substantial discounts on laser vision correction procedures. Members are entitled to savings of up to 25% off usual and customary fees or a 5% discount off a center’s advertised special through a network of preeminent physicians affiliated with Eye Centers of Excellence. (Some centers provide a flat fee equating to these discount levels.) See below for information on finding a participating laser vision provider near you.

Accessing a Provider – Contact a Davis Vision representative at 1-888-897-9347 or simply log on to www.davisvision.com, choose “Find a Provider” and use your control code 2959

Customer Service -To speak with a customer service representative, call Davis Vision Customer Service at 1877-923-2847. Enter Client Control Number 2959 when prompted. At the main menu, press “0”. Our representatives are available to assist you from 8 a.m. to 11 p.m. ET Monday through Friday, 9 a.m. to 4 p.m. ET Saturday and 12 p.m. to 4 p.m. ET Sunday.

Please complete all information and sign. Please print all information.

SUBSCRIBER INFORMATION

Last Name		First Name		MI	Date of Birth	
Address			City		State	Zip
Social Security Number				Telephone		
Email:						

COVERAGE SELECTED

<input type="checkbox"/>	Member Only
<input type="checkbox"/>	Member and One Dependent
<input type="checkbox"/>	Member and Family

DEPENDENT INFORMATION

Social Security Number	Last Name	First Name	MI	Date of Birth	Gender	Relationship

I hereby make application for membership in QCD of America® (QCD). I agree to hold QCD harmless from any liability for negligence on the part of the Affiliated Dentist. I further release QCD from and waive any claims for negligent referral, negligent certification or similar claim. I hereby authorize my employer to make payroll deductions, if required, for the coverage selected. The QCD of America Dental and Vision Benefit Program is not an insurance plan and does not constitute insurance coverage.

_____ Date

_____ Applicant Signature



INDIVIDUAL PAYMENT AUTHORIZATION

(Only if you are paying monthly by bank draft.)
Please complete all information and sign. PLEASE PRINT all information.

SUBSCRIBER INFORMATION

Last Name	First Name	MI	Date of Birth	
Address		City	State	Zip
Social Security Number		Telephone		

COVERAGE SELECTED

<input type="checkbox"/> Individual Only	<input type="checkbox"/> Individual and One Dependent	<input type="checkbox"/> Individual and Family
--	---	--

MEMBERSHIP FEE

	Monthly Fee – Bank Draft Only
Individual Only	\$8.95
Individual and One Dependent	\$12.95
Individual and Family	\$17.95

1) If paying by bank draft, please enclose a voided check(not a deposit slip) along with a check for a one time enrollment fee of \$20 plus the initial month's membership fee made payable to QCD of America®. The monthly fees will be drafted on the 5th of each month.

2) If paying on an annual basis, the enrollment fees is waived.

PRE-AUTHORIZED BANK DRAFT PROGRAM

I (we) hereby authorize QCD of America® (QCD) to draw checks on the checking account of:

Name as Shown on Checking Account	Bank Routing Number for Electronic Drafting	Account Number		
Name of Bank and Branch	Address	City	State	Bank Telephone

for payment of the monthly membership fees due as selected above. This authorization is in effect until QCD and the Depository Bank have received written notification from me of its termination in such a manner and timeframe to allow QCD and Depository Bank a reasonable opportunity to act administratively on the request. I (we) agree to provide QCD written prior notice of any change of banks or account numbers. I agree that QCD will have no liability whatsoever except to the extent created by my payment.

Date Authorized Signature(s) as it appears on bank records