



Direct Deposit Authorization

Direct Deposit of funds is a safe, easy and efficient way to transmit weekly deposits directly into your bank account. You have the option of receiving direct deposit notification either by mail or email.

If you have multiple offices and would like direct deposit to *different accounts* for each location, it is necessary to complete a form for each office location. Accuracy of information is essential. The reverse side of this form provides tips for accurate completion.

Business Information:

Business Name _____ Tax Identification Number _____

Office Address _____ City _____ State _____ Zip _____

Office Contact Person _____ Contact Person Phone number (day time) _____

Select Delivery Option for Commission Statements (choose only one):

E-mail Notification OR Mail copy of remittance

E-mail of Contact to Receive Commission Statement

Please print clearly or type

Bank Information (Delta Dental of Arizona will keep all financial information secure and confidential.)

Name of Financial Institution _____ Account Name (if applicable) _____

Name of Contact Person at Financial Institution _____ Contact Person's Phone number (at Financial Institution) _____

Bank Routing Number _____ Account Number _____

Please check account type and include the requested document with completed form:

- Checking – Please attach a voided check
 - Savings – Please attach a preprinted deposit slip
- RETURN** via:
FAX: 602-548-5009 (plus a copy of a voided check or deposit slip)
MAIL: PO Box 43000, Phoenix, AZ 85080-4300

I (we) hereby authorize Delta Dental of Arizona, Inc. to initiate credit entries to my (our) indicated account at the financial institution named above.

Print Name of Authorized Principal _____ Title _____

Signature _____ Date _____

This authority is to remain in full force and effective until Delta Dental of Arizona Inc. (DDAZ) and said financial institution have received written notification from me of its termination in such time and manner as to afford DDAZ and said financial institution reasonable opportunity to act on it.

TIPS FOR COMPLETING THIS FORM:

Business Information:

Business Name – Must match exactly the information on the tax identification number (TIN)

Office address - If you have multiple offices UNDER THE SAME TIN and would like direct deposit to the same account provided on this form, please use the space provided below to provide information for all office addresses. If you would like direct deposit to a different bank account for each location, please submit a separate form for each location.

Contact Person – It is essential that a contact name and phone number is provided for someone authorized to respond to questions from either your financial institution or Delta Dental of Arizona.

Bank Information:

Account Name – If applicable, indicate the name of the account.

Routing Number & Account Number – Use the example at right to locate the required routing and account numbers. Note: A check number is also on the bottom of the check, found either before or after (as in the example at right) the routing and account numbers. The check number is not part of the authorization process.

| | | |
|---------------------------|----------------|-------------|
| SAMPLE CHECK | | 0001 |
| | DATE _____ | |
| PAY TO THE ORDER OF _____ | \$ _____ | |
| | | DOLLARS |
| MEMO _____ | | |
| ⑆ 123456789 ⑆ | ⑆ 0123456789 ⑆ | 0001 |

Routing Number Account Number

(NOTE: If you are initiating direct deposit to a savings account you may need to contact your bank for the correct routing and account numbers.)

Copies of checks or deposit slips – If sending this information by fax, please make a copy of your check or deposit slip and fax it along with your completed form to 602.548.5009.

Contact person at financial institution -- Please call the number before writing it in the space to verify that a live person at the number provided can respond to questions regarding direct deposit/electronic fund transfer (EFT)/ automated clearing house (ACH). This is a required field