



## ELECTRONIC FUNDS TRANSFER (EFT)/DIRECT DEPOSIT AUTHORIZATION AGREEMENT

For agent commissions, please complete and return this form to [commissions@deltadentalmi.com](mailto:commissions@deltadentalmi.com)

All others, complete and return to [accountspayable@deltadentalmi.com](mailto:accountspayable@deltadentalmi.com)

### BUSINESS INFORMATION

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Tax ID Number/SSN last four digits (whichever applies) \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### BANK OR FINANCIAL INSTITUTION INFORMATION PLEASE ATTACH A "VOIDED CHECK"

Select One: ☐ New Account ☐ Account Change ☐ Cancel Deposit

Name on Account \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Routing Number (9 digits) \_\_\_\_\_

Checking Acct No \_\_\_\_\_ or Savings Acct No \_\_\_\_\_

### AUTHORIZATION STATEMENT

By signing below, I request and authorize the Company stated above to deposit automatically to the checking or savings account stated in this authorization. I agree that each deposit the Company makes to this account will be a payment to individual or business listed on this document, without regard to the person or persons that may withdraw or receive funds from that account. Adjusting entries to correct errors are also authorized. This authority will remain in effect until I have canceled it in writing.

Signature of Authorized Account Holder \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

FOR DELTA USE ONLY – Name of employee verifying \_\_\_\_\_

Name/Job title of verifier	
Phone number	Date of verification
Last 4 digits of prior account number	Follow up letter mailed
Last deposit amount	Filed without update date