

Direct Deposit Authorization Form

Enjoy the convenience of Direct Deposit. Future payments can be electronically deposited directly into your bank account. Also, Delta Dental of Virginia will email your commission statement to the below indicated email address.

I agree to accept payments from Delta Dental of Virginia (DDVA) through electronic funds transfer (EFT) and ensure that you can rely exclusively on the information supplied through this form. This agreement applies to and amends all existing agreements with DDVA. I hereby authorize DDVA to initiate credit entries and/or debit entries from the financial institution and account named below.

AGENT INFORMATION

Payee Name _____

Payee Tax ID _____

Address _____

Telephone _____ Email Address _____

FINANCIAL INSTITUTION INFORMATION

Checking Account # _____ Bank Transit/ABA # _____

Financial Institution Name _____

City _____ State _____

I understand this arrangement will be in effect until I notify DDVA in writing that I no longer wish to receive funds via EFT into the above noted account. I also understand that I must notify DDVA of any change to my email address in order to continue to receive my commission statements.

Name (print) _____ Signature _____

Title _____ Date _____

Required: Please attach a voided check

Mail to:

Delta Dental of Virginia
Attn: Marketing Administration
4818 Starkey Road
Roanoke, VA 24018
888.335.8216