



**Delta Dental of Virginia**  
**Instructions for Automatic Draft of Monthly Premiums**

In order to participate in the automatic draft program, an authorization form must be signed allowing Delta Dental of Virginia to draft your company's account.

Please complete and submit the attached form, along with a voided check, to Delta Dental via fax or email at:

Fax: 540-776-8109

Email: [billing@deltadentalva.com](mailto:billing@deltadentalva.com)

If you do not have access to fax or email, please mail the form to the following address:

Delta Dental of Virginia  
Attention: Billing and Eligibility Department  
4818 Starkey Road  
Roanoke, VA 24018

The debit to your company's account will occur on the last Monday of the month for the upcoming month's premium.

Once the authorization form is received and your account is set up, the first draft may be a test of the account information. Delta Dental will contact you if we cannot successfully execute this process.

Please contact the Billing and Eligibility Department at 800-237-6060 if you have any questions.



Delta Dental of Virginia  
4818 Starkey Road, Roanoke, VA 24018  
540-989-8000 · 800-237-6060  
Fax: 540-776-8109

### Automatic Draft of Monthly Premiums

I authorize Delta Dental of Virginia to deduct monthly premium payments from the account identified below.

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Transit/ABA Number: \_\_\_\_\_

The debit entry will be initiated the last Monday of the month for the upcoming month's premium. This authorization will remain in effect until Delta Dental of Virginia receives written notification to terminate monthly payments by bank draft. The written notification must be received by Delta Dental of Virginia thirty (30) days prior to the monthly draft discontinuation effective date.

Company Name: \_\_\_\_\_

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

City, State, ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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

PLEASE ATTACH A VOIDED CHECK HERE