

## Automatic draft of weekly claims and monthly administrative fees

I authorize Delta Dental of Virginia to deduct weekly claims and monthly administrative fees from the account below.

Bank name		
Bank address		
City, state, ZIP code		
Transit/ABA number	Account number	

For weekly claims, every Thursday Delta Dental of Virginia will email an invoice stating the total amount of claims paid during the last five business days, and the deduction to the company's account will occur on the following Monday. If the Monday that the deduction is to occur is a holiday, the deduction will be completed on the next business day.

For monthly administrative fees, the debit entry will be initiated on the 15th day of the month for the prior month's administration fees. If the 15th day of the month that the deduction is scheduled to occur is a holiday or non-business day, the draft will be completed the following business day. This authorization will remain in effect until Delta Dental of Virginia receives written notification to terminate monthly payments by bank draft. Written notification must be received by Delta Dental of Virginia 30 days prior to the monthly draft discontinuation effective date.

Company name	Group number			
Address				
City, state, ZIP code				
Phone number				
Authorized signature		Date	/	/

## Instructions for automatic draft

To participate in the automatic draft program, an authorization form <u>must</u> be signed allowing us to draft your company's account. Complete and submit the attached form via email to billing@deltadentalva.com or fax at 540.776.8109.

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 have any issues with this process. If you provide a Company ID to your financial institution for drafts to be completed, **note that the Company ID for Delta Dental of Virginia is 4540844477.** *Contact Billing and Eligibility at 800.237.6060 if you have questions.*