

Direct Deposit (ACH) Form

Name: _____

To sign up for Direct Deposit, please complete the following form and submit a copy of a voided check (not a deposit slip) to us at the address below.

Authorization Agreement for Automatic Deposits (ACH Credits) from Delta Dental of Idaho

Name: _____ ID/Social Security Number: _____

Your email address _____

I (we) hereby authorize Delta Dental of Idaho to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name: _____ City: _____

Branch: _____ State: _____

Zip Code: _____

Transit/ABA Number: _____ Account Number: _____

This authority is to remain in full force and effect, until Delta Dental of Idaho has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Delta Dental of Idaho and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____ ID Number: _____
(Please Print)

Signed: _____ Signed: _____

Date: _____

DELTA DENTAL OF IDAHO

555 E Parkcenter Blvd

Boise ID 83706

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