

Direct Deposit (ACH) Form

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 above.

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

Business Name: _____

Tax ID/SSN: _____

Email address: _____

I hereby authorize Delta Dental of Idaho to initiate credit entries to the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

Bank/Depository Name: _____

City: _____ 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 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.

Authorized by: _____
(Please print)

License Number: _____

Signed: _____

Date: _____