



Direct Deposit Authorization Form

Enjoy the convenience of Direct Deposit by having future payments 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 the account named below.

Agent Information

Payee Name

Payee Tax ID

Address

Phone

Email

Financial Institution Information

Checking Account Number

Bank Transit/ABA Number

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 changes to my email address in order to continue to receive my commission statements.**

Name (print)

Signature

Title

Date

Required: Complete the form and return it with a voided check via fax, email or regular mail to:

Fax: 540.774.7574

Email: mktgadmin@deltadentalva.com

Mail:

Delta Dental of Virginia

Attn: Marketing Administration

4818 Starkey Road, Roanoke, VA 24018

888.335.8216