

Direct Withdrawal (ACH) Form

To sign up for Direct Withdrawal, 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 Withdrawal (ACH Debits) to Delta Dental of Idaho

Business Name: _____

Group # (leave blank if new group): _____

Email address: _____

Phone #: _____

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

Bank/Depository Name: _____

City: _____ State: _____ Zip Code: _____

Routing 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)

Signed: _____

Date: _____