



Direct Deposit/Electronic Funds Transfer (EFT) Authorization Agreement

SECTION A Instructions

Please complete Sections B, C and D and return this Direct Deposit/Electronic Funds Transfer (EFT) Authorization Agreement ("Agreement") along with a "VOIDED" check to the following address:

Attention: Accounting
Delta Dental of Colorado
PO Box 5468
Denver, CO 80217-5468

SECTION B Business Information

(Please type or print)

Authorized Account Holder's Name
Business Entity Name
Business Address City State Zip
Business Tax Identification Number (EIN or SSN - used for IRS reporting)
Phone Number Fax Number
E-mail Address

SECTION C Bank or Financial Institution Information

Please attach a "VOIDED" check

Name of Account
(as it appears on checking account)
Bank or Financial Institution Name Phone Number
Address City State Zip
Routing Number Account Number

SECTION D Authorization Statement

By signing below, I request and authorize Delta Dental of Colorado to deposit funds for invoice payments directly into the Bank or Financial Institution account as specified in Section C, and agree to the following:

- 1. The effective date for electronic funds transfer will be at least fifteen (15) days from the date Delta Dental of Colorado receives the completed and signed Agreement;
2. That all account changes in Section C instituted by Bank or Financial Institution require fifteen (15) days prior written notice sent to the address stated in Section A. Upon receipt of said written notice by Delta Dental of Colorado, the written notice will be considered an amendment to this Agreement and will become effective within fifteen (15) days;
3. That termination of this Agreement requires fifteen (15) days prior written notice along with the effective date of the termination and reason for termination (i.e.: account closed; changing accounts), sent to Delta Dental of Colorado;
4. That all account changes instituted by Business Name as stated in Section B require fifteen (15) days prior written notice before such change can become effective, in addition to providing the following: (1) a voided check; and (2) the signing of a new Agreement sent to Delta Dental of Colorado; and
5. That Delta Dental of Colorado may terminate this Agreement at any time without cause.

Signature of Authorized Account Holder Date Signed

RETAIN A COPY OF THIS COMPLETED AGREEMENT FOR YOUR RECORDS