



DIRECT DEPOSIT AUTHORIZATION

Direct Deposit of funds is a safe, easy and efficient transaction allowing weekly deposits directly into the bank account designated. You have the option of receiving direct deposit Explanation of Payments (EOP) either by e-mail notification of bank deposits with delivery of EOPs to Delta Dental of Illinois' Web site or by fax notification and faxed EOPs. Direct Deposit will begin as soon as administratively possible.

If you have multiple offices and would like direct deposit for each location, **it is necessary to complete a form for each office location. (copies of this form is acceptable).** Accuracy of all information is essential. Please contact Professional Relations at 800-323-1743 if you have any questions.

Business Information:

Business / Dentist Name

Tax Identification Number

Office Address

City

State

Zip

Office Contact Person

Contact Person's Phone Number

Select Delivery Option (choose one):

E-Mail notification with delivery of Explanation of Payments to Delta Dental's Web site

Email of person to receive direct deposit notification (required)

Email of additional person to receive direct deposit notification

Fax notification

Please provide fax number (required): _____

Bank Information:

Name of Financial Institution

Phone Number of Financial Institution

Bank Routing Number

Account Number

Please check account type and include the requested document with completed form:

Checking – Please attach a voided check. (Please copy if faxing.)

Savings – Please attach a preprinted deposit slip. (Please copy if faxing.)

I (we) hereby authorize Delta Dental of Illinois (DDIL) to initiate credit entries to my (our) indicated account at the financial institution named above. **Please sign, date, and fax completed form, along with voided check or deposit slip directly to: Professional Relations Dept. at 630 515-2885; or if fax is not available, please mail to: Professional Relations Dept. Delta Dental of Illinois, 801 Ogden Avenue, Lisle, IL 60532, using enclosed prepaid envelope.**

Authorized Signature & Title

Date

This authority is to remain in full force and effective until DDIL and said financial institution have received written notification from me of its termination in such time and manner as to afford DDIL and said financial institution reasonable opportunity to act on it.

Delta Dental of Illinois Administrative Use Only:

Dentist License Number / Business TIN

State

Office Location Number

OR

Clinic Number