



Delta Dental of Illinois National EFT & ERA (for Direct Deposit) Authorization Form

New Direct Deposit

Update/Change Direct Deposit

Please Note: National EFT/ERA includes all Delta Dental member companies.

If you “do not” want National EFT/ERA (for direct deposit): “I want to opt out of receiving direct deposit from all other Delta Dental member companies outside of Illinois”, please initial _____.

If you have multiple offices, it is necessary to complete a separate form for each office location, (copies of this authorization form are acceptable). Accuracy of all information is essential. Please contact Professional Relations at 630 718-4990 if you have any questions.

Business Information:

Business Name

Tax Identification Number

Dentist Name (Individual or Group Practice Owner)

Dentist License Number

Email Address

Office Address

City

State

Zip

Office Contact Person

Contact Person's Phone Number

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.)**

In consideration for the provision of direct deposit services, by signing below, and notwithstanding any language to the contrary herein, you hereby acknowledge and agree that (i) any information you have provided, including but not limited to, the information you supplied under the heading "Banking Information" may be transferred, shared or otherwise provided by us to or with any entity that is an affiliate of Delta Dental, as defined above, with other Delta Dental member companies and their affiliates, and with Delta Dental Plans Association, for use in connection with funds to be deposited to your account, (ii) any election to discontinue enrollment

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in this direct deposit program will occur in such time and manner to afford Delta Dental of Illinois, any of our members and affiliates, other Delta Dental member companies and their affiliates and said financial institution reasonable opportunity to act on it and may not be effective to halt any deposits that were initiated while your enrollment in this direct deposit program was in effect, and (iii) in the absence of gross negligence or willful misconduct, neither we, any of our members and affiliates, other Delta Dental member companies and their affiliates, or Delta Dental Plans Association, will be responsible for any damages, or for any fee, charge or other expense assessed against the Bank Account identified above, in connection with this direct deposit program.

Further, by signing below, you represent and warrant that (i) all of the information you supplied is true and accurate, (ii) the information provided under the heading "Banking Information," identifies a bank account held by the Business you identified under "Business Information", and (iii) the signatory to this Direct Deposit Enrollment Form under "Individual/Group Practice Owner" has all necessary power and authority to execute this Form.

I (we) hereby authorize Delta Dental of Illinois, any of our members and affiliates, any Delta Dental member company and their affiliates 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 630 983-4085; or email to pr@deltadentalil.com, or mail to: Professional Relations Dept. Delta Dental of Illinois, 111 Shuman Boulevard, Naperville, IL 60563 using enclosed prepaid envelope.**

SIGN: _____
Individual/Group Practice Owner

Date

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

TERMS AND CONDITIONS:

You agree to comply with all applicable laws, rules and regulations related to electronic funds transfers. You also agree that you are solely responsible for maintaining the confidentiality of the user names, passwords, and security question answers used by you and any users within your organization for this website. If you permit other persons to use your user name, password, or security question answers, you are responsible for any transactions or changes they authorize from, or that relate to, your account(s) or the EFT services. Delta Dental is not liable for any harm associated with theft or unauthorized use of user names, passwords, or security question answers used by you or your organization. You shall immediately notify Delta Dental of any unauthorized use of your user name, password, security question answers, or account(s). You shall notify Delta Dental immediately in writing if any designated contact is no longer authorized to transact business or make changes on behalf of you or your organization. You agree that: (i) Delta Dental may process all instructions related to EFTs that are or appear to be submitted by your designated contacts and that such instructions are effective even if not authorized by you; (ii) you will maintain appropriate accounting and auditing procedures to protect your Account(s) from misuse; and (iii) you will promptly review all electronic statements, notices and transaction information made available to you and you shall report all unauthorized transactions and errors to Delta Dental immediately.

You agree to indemnify, defend and hold Delta Dental harmless from and against any and all losses, liabilities, costs, damages and expenses, including litigation expenses and reasonable attorneys' fees and allocated costs for in-house legal services arising from or incurred as the result of your breach of this Agreement, any inaccurate or incomplete data you provide or fail to provide to us, your failure to timely update information, and/or the negligence or willful misconduct of you, your directors, officers, employees, designees, agents and affiliates. In no event shall Delta Dental, its parent, affiliates, subsidiaries, directors, officers, employees, agents or representatives be liable for special incidental or consequential damages or claims by you or any third party relative to the EFT services provided hereunder. Delta Dental shall not be liable if circumstances beyond its control prevent a payment, despite taking reasonable precautions. Such circumstances include but are not limited to, delays or losses of payments caused by telecommunications outages, actions of third parties and equipment failures.

Delta Dental of Illinois Administrative Use Only:

_____	_____	_____	OR	_____
Dentist License Number / Business TIN	State	Office Location Number		Clinic Number