



Direct Deposit Authorization

Direct Deposit of funds is a safe, easy and efficient way to transmit weekly deposits directly into your bank account. You have the option of receiving direct deposit notification either by e-mail with delivery of Explanation of Payments (EOP) to Delta Dental of Arizona's website or by fax notification and faxed EOPs. Direct Deposit is available immediately.

If you have multiple offices and would like direct deposit to *different accounts* for each location, it is necessary to complete a form for each office location. For multiple offices requesting direct deposit to the same account, use the reverse side of this form to indicate additional offices. Accuracy of information is essential. The reverse side of this form provides tips for accurate completion. Additional questions regarding direct deposit can be answered by our Professional Relations Department at 866-746-1834, and press #3.

Business Information:

Business / Dentist Name		Tax Identification Number	
Office Address	City	State	Zip
Office Contact Person		Contact Person Phone number (day time)	

Select Delivery Option for Explanation of Payment (choose only one):

E-mail Notification OR Fax Delivery of Explanation of Payment

E-mail of Contact to Receive Direct Deposit Notification	Ten Digit Fax Number (required if selecting fax delivery)
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Please print clearly or type

Bank Information (Delta Dental of Arizona will keep all financial information secure and confidential.):

Name of Financial Institution	Phone Number
Bank Routing Number	Account Number

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

<input type="checkbox"/> Checking – Please attach a voided check	RETURN via:
<input type="checkbox"/> Savings – Please attach a preprinted deposit slip	FAX: 602-588-3910 (plus a copy of a voided check or deposit slip)
	MAIL: (postage paid envelope provided) DDAZ PR Dept. PO Box 43000, Phoenix, AZ 85080-4300

I (we) hereby authorize Delta Dental of Arizona, Inc. to initiate credit entries to my (our) indicated account at the financial institution named above.

Authorized Signature & Title	Date
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This authority is to remain in full force and effective until Delta Dental of Arizona Inc. (DDAZ) and said financial institution have received written notification from me of its termination in such time and manner as to afford DDAZ and said financial institution reasonable opportunity to act on it.

Delta Dental of Arizona, Inc. Administrative Use Only:

Dentist License # :	Location #:	Clinic #:	Entered by:	Date:	Director Approval:
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TIPS FOR COMPLETING THIS FORM:

Business Information:

Business/Dentist Name – Must match exactly the information on the tax identification number (TIN)

Office address - If you have multiple offices UNDER THE SAME TIN and would like direct deposit to the same account provided on this form, please use the space provided below to provide information for all office addresses. If you would like direct deposit to a different bank account for each location, please submit a separate form for each location.

Contact Person – It is essential that a contact name and phone number is provided for someone authorized to respond to questions from either your financial institution or Delta Dental of Arizona.

Delivery Options:

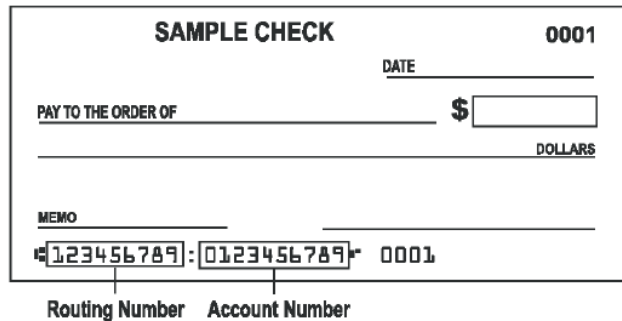
E-mail notification – You will receive an e-mail to advise you that a new Explanation of Payment (EOP) is available at www.deltadentalaz.com. Only the website allows you or your staff to sort by subscriber name or number, dentist name, etc. The e-mail address in this section may be different than the contact person for direct deposit questions provided above. This e-mail notification may be sent to the person responsible for the accounts receivable.

Fax delivery – Remember that EOPs can be more than 20 pages depending on the number of claims paid that week.

Bank Information:

Bank Phone Number – Please call the number before writing it in the space to verify that a live person at the number provided can respond to questions regarding direct deposit. This is a required field.

Routing Number & Account Number – Use the example at right to locate the required routing and account numbers. Note: A check number is also on the bottom of the check, found either before or after (as in the example at right) the routing and account numbers. The check number is not part of the authorization process.



(NOTE: If you are initiating direct deposit to a savings account you may need to contact your bank for the correct routing and account numbers.)

Copies of checks or deposit slips – If sending this information by fax, please make a copy of your check or deposit slip and fax it along with your completed form.

Direct Deposit for Multiple Locations with the Same TIN & Same Bank Account: (Apply Direct Deposit for the following additional office locations)

Office Address (2) _____ City _____ State _____ Zip _____

Select Delivery Option for Explanation of Payment (choose one): E-mail notification Fax delivery

_____ OR _____
 E-mail of primary contact to receive direct deposit notification Ten Digit Fax number required

Office Address (3) _____ City _____ State _____ Zip _____

Select Delivery Option for Explanation of Payment (choose one): E-mail notification Fax delivery

_____ OR _____
 E-mail of primary contact to receive direct deposit notification Ten Digit Fax number required

Remember to copy this page to send it as an additional page if returning by fax.