

Authorization Agreement for Direct Deposit (ACH)

Delta Dental of Washington pays all commissions by direct deposit to your checking account. You will receive your commission statement as a PDF file via secure email on or around the 8th of each month. Deposits will be paid each month on or around the 10th of the month.

To enroll in the Delta Dental of Washington automatic direct deposit program, simply complete this form and return it with a voided check to Delta Dental of Washington.

Broker House or Agent Name _____

Mailing Address _____

City, State, Zip _____

Office E-mail Address _____

{The payment voucher will be sent to this address}

_____ New Direct Deposit _____ Change Direct Deposit _____ Receive Commission by Check

I hereby authorize Delta Dental of Washington to make payments to my bank account as indicated below:

Account Name: _____

Bank Name: _____

Account Number: _____

Routing Number: _____

This authorization will remain in full force and effect until I provide written notice to Delta Dental of Washington.

Signature: _____ Date: _____

Send completed form to one of the following:

Email: ProducerLicensing@DeltaDentalWA.com

FAX: (206) 985-4821

Mail: Delta Dental of Washington

Attn: Licensing Specialist

PO Box 75688

Seattle WA 98175-2157

If you have any questions please contact Producer Licensing at (206) 528-7351 or email ProducerLicensing@DeltaDentalWA.com