



Direct Deposit Authorization Form

Enjoy the convenience of direct deposit by having future payments electronically deposited directly into your bank account. We will email your commission statement to the below indicated email address.

I agree to accept payments through electronic funds transfer (EFT) and ensure that you can rely exclusively on the information supplied through this form. This agreement applies to and amends all existing agreements with the entity(ies) checked below. I hereby authorize the entity(ies) noted below to initiate credit entries to and/or debit entries from the financial institution and the account named below.

Delta Dental of Virginia Stryden, Inc. Both Stryden, Inc. and Delta Dental of Virginia

Agent Information

Payee Name

Payee Tax ID

Address

Phone

Email

Financial Institution Information

Checking Account Number

Bank Transit/ABA Number

Financial Institution Name

City

State

I understand this arrangement will be in effect until I provide notice in writing that I no longer wish to receive funds via EFT into the above noted account. I also understand that I must notify Stryden, Inc. and/or Delta Dental of Virginia of any changes to my email address in order to continue to receive my commission statements.

Name (print)

Signature

Title

Date

Required: Complete this form and return it with a voided check via fax email or regular mail to:

Fax: 540.774.7574

Email: mktgadmin@deltadentalva.com

Mail:

Delta Dental of Virginia

Attn: Marketing Administration

4818 Starkey Road, Roanoke, VA 24018

888.335.8216