



Delta Dental Plan of Maine
 Delta Dental Plan of New Hampshire, Inc.
 Delta Dental Plan of Vermont, Inc.



Northeast Delta Dental
 One Delta Drive
 PO Box 2002
 Concord, NH 03302-2002
 800-537-1715
 www.nedelta.com

Automatic Deposit (ACH Credit) Agreement Form

PLEASE TYPE OR PRINT LEGIBLY — IN BLUE OR BLACK INK ONLY

Northeast Delta Dental pays all commissions by directly depositing your monthly commission payment into your checking account. You will receive your commission statement via e-mail. The commission payment will be automatically deposited to your checking account within two business days after the e-mail is sent.

(Commissions for Individual and Family policies sold on the DeltaDentalCoversMe.com web site are paid separately on the 15th of the month. **)**

You must have an e-mail address, Adobe Acrobat Reader, and a checking account into which your commission payment can be deposited (we cannot make deposits into savings accounts). Please complete this "Automatic Deposit (ACH Credit) Agreement Form" and **attach a voided check**. Fax, e-mail, or send this form and voided check to our Accounting Department:

Attn: Accounts Payable
 Northeast Delta Dental
 PO Box 2002
 Concord, NH 03302-2002

Fax Number: 603-223-1035
 E-Mail: commissionstmts@nedelta.com

Authorization Agreement

I hereby authorize Northeast Delta Dental to initiate automatic deposits to my account at the financial institution named below. I also authorize Northeast Delta Dental to make debit entries against this account in the event that a credit entry is made in error.

Further, I agree not to hold Northeast Delta Dental responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Northeast Delta Dental receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form in such time as to afford Northeast Delta Dental a reasonable opportunity to act on it.

Account Information

Name of Financial Institution:	
Transit/ABA Routing Number: (9-digit number)	
Checking Account Number: (Type of account must be checking)	

Signature

Payable Producer or Agency Name:			
E-mail Address for Commission Statements: (Please print)			
Authorized Signature (Primary):		Date:	
Authorized Signature (Joint):		Date:	