



Northeast Delta Dental  
 Provider Services Department  
 PO Box 2002  
 Concord, NH 03302-2002

**For Maine**  
 Phone: 1-603-223-1100  
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 Email: ProviderServices@nedelta.com  
 Web: www.nedelta.com

## Northeast Delta Dental Claim Payment Direct Deposit Authorization Form

**Please complete this agreement and submit it with a voided check or a bank letter to the address or fax number above.**

### SECTION A: BUSINESS INFORMATION

Authorized Account Holder's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Tax Identification Number (TIN) Used for IRS Reporting: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

EFT Notification Email Address: \_\_\_\_\_

### SECTION B: BANK/FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: \_\_\_\_\_

Bank/Financial Institution Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Nine-Digit Routing Number: \_\_\_\_\_ Checking Account Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Please allow ten (10) business days from receipt date to add, change, or discontinue electronic fund transfers.

### National Delta Dental Direct Deposit: **NEED VOIDED CHECK or BANK LETTER**

Yes, I select **National Delta Dental Direct Deposit** Initial here: \_\_\_\_\_

*By selecting National Delta Dental Direct Deposit, benefit payments from ALL Delta Dental member companies will be electronically deposited into your bank account on file with Northeast Delta Dental. Information on this form and payments made using National Delta Dental Direct Deposit apply to all Delta Dental Providers associated with the Provider Business Information listed above and affiliated with noted TIN. Any information provided to Northeast Delta Dental may be transferred, shared or otherwise provided by Northeast Delta Dental to or with any entity that is an affiliate of Northeast Delta Dental, 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.*

*In consideration for the provision of direct deposit services, by signing below you hereby acknowledge and agree that (i) as of the effective date above, you will elect to receive electronic remittance advices only; (ii) any election to discontinue enrollment in this direct deposit program will take up to ten (10) business days to process, and may not be effective or 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 and their affiliates (if applicable) will be responsible for any damages, or for any fee, charge, or other expense assessed against the designated bank account, 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, and (ii) the signatory to this Northeast Delta Dental Direct Deposit Authorization Form ("Form") has all necessary power and authority to execute this Form.*

I authorize Northeast Delta Dental and its affiliates to make debit entries against this account in the event that a credit entry is made in error.

Signature of Authorized Person: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name of Authorized Person: \_\_\_\_\_ Date: \_\_\_\_\_