

# Automated Clearinghouse Authorization Agreement

## Dental Commissions Department Only

Anthem is hereby authorized to credit our bank account through the Automated Clearinghouse (ACH) for the Total Amount Owed according to the monthly commission statement.

The pre-authorized deposits are generally made the second week of the month following the commission period. Paper statements are also mailed at that time. Access to online reports can be requested by submitting the User Request form available at the website listed below.

**Payee Name**

**Federal Tax ID or Vendor ID**

Bank Name

Bank Address

Type of Account

☐ Checking

☐ Savings

Bank Account Number

Bank Account Name

Bank Routing Number

(found between these symbols   at the bottom of your check)

**\* copy of VOID CHECK required to process \***

**Authorized Individual  
of the Account**

Print Name

Signature

Date

Title

Telephone Number

SEND COMPLETED DOCUMENT TO:

**Email: commissions@anthemdentaladmin.com**

**Fax: 1.877.631.8953**

Postal: Anthem  
Attn: Commissions Department  
P.O. Box 1171  
Minneapolis, MN 55440-1171

More Information: [www.anthem.com](http://www.anthem.com)

Toll-free 1.877.606-3409

**\*REMEMBER TO SUBMIT A VOID CHECK \***