Delta Dental of California
100 First St
San Francisco CA 94105

Authorization for Electronic Deposit of Agent/Broker Commission Payments

Payee Name _____

Payee Mailing Address _____

Contact Name _____

Contact Number _____

Contact Email Address _____

Commission Statement ❑ Mail ❑ Email ❑ Both

Bank Transit / ABA Routing Number | | | | | | | | | |

Bank Account Number | | | | | | | | | | | | | | | | | |

Enter Date deposits are to begin: ❑ ASAP or ❑ _____

For any payments issued by Delta Dental of California to the above-referenced payee, I, _____, hereby authorize Delta Dental to make such payments by direct deposit to the account indicated above. I further agree that when any erroneous overpayment has been made, Delta Dental has the right, and is authorized, to reverse or recover the full amount of such overpayment immediately.
(required, or you may not elect Direct Deposit)

Authorized Signature: _____ Date: _____

Title: _____

Attach copy of *voided* check here. Note that many deposit slips do not contain the proper Bank ABA Number.

Return this form to the attention of Wendy Yee, 100 First Street MS 12G, San Francisco, CA 94105 or by e-mail at wyee@delta.org
For more information, please call (415) 972-8367

FOR OFFICE USE ONLY:

Bank Account set-up _____ Link Sup Site to Bank Account _____ Payment Method Electronic _____ Broker Number _____

Email Address set-up _____ Broker Site _____