



## Automatic draft of monthly ASC balances

I authorize Delta Dental of Virginia to deduct monthly administration fees and claims payments from the account below.

Bank name \_\_\_\_\_

Bank address \_\_\_\_\_

City, state, ZIP code \_\_\_\_\_

Transit/ABA number \_\_\_\_\_ Account number \_\_\_\_\_

The debit entry will be initiated on the 15th day of the month for the prior month's administration fees and claim reimbursement. If the 15th day of the month that the deduction is scheduled to occur is a holiday or non-business day, the draft will be completed the following business day. This authorization will remain in effect until Delta Dental of Virginia receives written notification to terminate monthly payments by bank draft. Written notification must be received by Delta Dental of Virginia 30 days prior to the monthly draft discontinuation effective date.

Company name \_\_\_\_\_ Group number \_\_\_\_\_

Address \_\_\_\_\_

City, state, ZIP code \_\_\_\_\_

Phone number \_\_\_\_\_

Authorized signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Instructions for automatic draft

To participate in the automatic draft program, an authorization form must be signed allowing us to draft your company's account. Complete and submit the attached form via email to [billing@deltadentalva.com](mailto:billing@deltadentalva.com) or fax at 540.776.8109.

Once the authorization form is received and your account is set up, the first draft may be a test of the account information. Delta Dental will contact you if we have any issues with this process. If you provide a Company ID to your financial institution for drafts to be completed, **note that the Company ID for Delta Dental of Virginia is 4540844477.** Contact Billing and Eligibility at 800.237.6060 if you have questions.