



Direct Deposit Authorization Form

Enjoy the convenience of direct deposit by having future payments electronically deposited directly into your bank account.

I agree to accept payments through electronic funds transfer (EFT) and ensure that you can rely exclusively on the information supplied through this form. This agreement applies to and amends all existing agreements with Delta Dental of Virginia and/or Stryden, Inc. I hereby authorize Delta Dental of Virginia and/or Stryden, Inc. to initiate credit entries to and/or debit entries from the financial institution and the account named below.

Payee Information

Payee Name

Payee Tax ID

Address

Phone

Email to Receive Commission Statements

Financial Institution Information

Financial Institution Name

Checking Account Number

Bank Transit/ABA Number

This arrangement will be in effect until written notice is received to cease EFT payment or if Delta Dental of Virginia is notified from our bank that the account is no longer available to accept deposits. **I also understand that I must notify Stryden, Inc. and/or Delta Dental of Virginia of any changes to my bank account or email address in order to continue to receive my commission payments and statements.**

Name (print)

Signature

Title

Date

Required: Complete this form, scan a voided check and email both the form and voided check to brokerhelp@deltadentalva.com.

DeltaVision is underwritten by Stryden, Inc., an affiliate of Delta Dental of Virginia. Claims processing, claims service and provider network administration for DeltaVision are provided under contract by VSP.