



ACH Authorization

AUTOMATED CLEARINGHOUSE AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize Delta Dental of Arizona, Inc. hereinafter called Company, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account and the financial institution indicated below, herein called Depository, to debit and/or credit the same such account.

Group Name

Federal Tax ID Number

Group Number

Contact Person

Contact Person's Phone

Contact Person's Fax

Depository Name

Depository Transit/ABA Number

Account Name

Account Number

Savings or Checking

Depository Contact Person

Depository Contact Person's Phone

Select Delivery Option for ACH Statements (choose only one):

E-mail Notification

OR

Fax Notification

E-mail of Contact to Receive ACH Statement

Fax of Contact to Receive ACH Statement

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name

Name

Signature

Date

Signature

Date