

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT (ACH DEBITS)

Name _____ Social Security Number _____

I (we) hereby authorize **Delta Dental Plan of Tennessee**, herein called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) [] CHECKING [] SAVINGS account indicated below and the depository named below, herein called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____

ROUTING NUMBER _____ ACCT NUMBER _____

This authorization is to remain in full force and effect until the 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(S) _____ ID NUMBER _____
(PLEASE PRINT)

DATE _____ SIGNED _____ SIGNED _____

**YOUR ACCOUNT WILL BE DRAFTED ON THE 24th DAY OF EACH MONTH
(\$1.00 will be added for each transaction)**

ATTACH A VOIDED CHECK

SAMPLE CUSTOMER ANY STREET ANY TOWN, STATE	1500
	DATE _____
PAY TO THE ORDER OF _____	\$ _____
AMOUNT _____	DOLLARS
BANK CITY, STATE	
FOR _____	_____
I:000000000 I:1500 0000000000 II	

↑
ROUTING NUMBER

↑
ACCOUNT NUMBER