

**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 24<sup>th</sup> DAY OF EACH MONTH  
(\$1.00 will be added for each transaction)**

# ATTACH A VOIDED CHECK

SAMPLE CUSTOMER 1500  
ANY STREET  
ANY TOWN, STATE

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

AMOUNT \_\_\_\_\_ DOLLARS

BANK  
CITY, STATE

FOR \_\_\_\_\_

**I:000000000 I:1500 00000000000 II**

ROUTING NUMBER

ACCOUNT NUMBER