Premium Authorization Form

New Account Automated Clearing (ACH) Payment Authorization

A. Business Information

Business Name

B. Contact Information

Contact Name		Primary Contact Phone Number	
Contact Street Address			
City	State	Zip Code	Country
Email Address		Secondary Contact Phone Number	

C. Premium Information

Initial Premium Amount ($)

D. Bank Account Information

Bank Account Type *(Checking / Savings)*	
Name on the Account *(This must match the name as it appears on an actual check)*	
ABA Transit Routing number *(The first nine digits found on the bottom left of a check)*	
Bank Account Number *(The number of the bottom right of the check)*	

E. Authorization of One Time Payment

I understand that by checking this box, I am authorizing Delta Dental and/or Delta's authorized representative to withdraw this and only this FIRST INITIAL PAYMENT for the amount listed above from the bank account I have provided on this form. **This is a one-time authorization for the First Month premium only.** I understand that this payment will be deducted from the account I have provided within one to two business days AFTER NOTIFICATION that our group Dental plan has been approved. This approval will be sent to my agent by Delta.	☑

I understand that by checking this box, I am authorizing Delta Dental and/or Delta's authorized representative to withdraw this and ALL FUTURE PAYMENTS DUE from the bank account I have provided on this form. **This is an authorization for ALL future premiums to be taken from the bank account provided for the total due each month.** I understand that this payment will be deducted from the account I have provided for each month on the invoice due date. A receipt will be emailed to you and the charge will appear on your bank statement. You agree that no prior notification will be provided to you for each scheduled payment.	

Name of Person Authorized to Send Payment (please print)	Signature of Person Authorized to Send Payment (please sign)
Date Signed (MM/DD/YYYY)	Phone Number of Person Authorized to Send Payment

For Internal Use Only	Employer ID Number Issued	Confirmation Number Issued