



Broker # \_\_\_\_\_

\*Can be found above the broker name on the commission statement

## Authorization for Electronic Deposit of Broker Commission Payment

Payee name: \_\_\_\_\_

Payee address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Contact email: \_\_\_\_\_

Commission statement email(s): \_\_\_\_\_

Bank Transit / ABA Routing Number (9-digits): \_\_\_\_\_

Bank account number: \_\_\_\_\_

Bank account type:      Checking      Savings

Enter date deposits are to begin:      ASAP    or      \_\_\_\_\_

For any payments issued by Delta Dental to the above-referenced payee, I, \_\_\_\_\_, hereby authorize Delta Dental to make such payments by direct deposit to the account indicated above. I further agree that when any erroneous overpayment has been made, Delta Dental has the right, and is authorized, to reverse or recover the full amount of such overpayment immediately.

Signature of authorized account holder: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

### Return this form and a copy of a voided check or bank letter to:

(Account information above must match the voided check or bank letter)

#### Email

producer-commissions@delta.org

#### Mail

Delta Dental  
Attn: Wendy Yee, Accounting Manager  
560 Mission Street Ste 1300  
San Francisco CA 94105

### For office use only

Bank account set-up	Broker number	Delta Dental of California	Delta Dental of District of Columbia
Link sup site to bank account	_____	Delta Dental Insurance Company	Delta Dental of West Virginia
Email address set-up	Broker site	DeltaCare USA®	
Payment method electronic	_____	Delta Dental of Pennsylvania	
Portal updated		Delta Dental of New York	
Broker email confirmation		Delta Dental of Delaware	