



BROKER ELECTRONIC FUNDS TRANSFER (EFT)

Direct Deposit Authorization Agreement

Electronic Funds Transfer (EFT) allows Delta Dental of New Jersey, Inc. and Delta Dental of Connecticut, Inc. (“the Company”) to send commission payments directly to your bank account. To cancel EFT, you must submit a written request to the attention of the Commissions team at the Company. **All forms submitted require original signatures.**

BROKER PAYEE INFORMATION

Name

Address/City/Zip

Phone Number

Email (Required for delivery of Broker Commission Statements and EFT notifications)

BANK AND FINANCIAL INSTITUTION INFORMATION

Account Type: Checking Savings (Required – please select one)

ABA# (9 digit – Bank Routing Number)

Account #

Bank or Financial Institution Name

Bank or Financial Institution Address

Account Name (As it appears on checking or savings account)

AUTHORIZATION

I hereby authorize the Company to initiate credit entries to the account indicated above.

Signature

Title

Print Name

Date Signed

Please sign, date and include a voided check (or savings account deposit slip if using a savings account).

Questions on EFT should be directed to the Commissions team at (973) 285-4067.

Send the completed form to one of the following:

Email: commissions@deltadentalnj.com

Fax: 973-285-4110

Mail: Delta Dental of New Jersey, Inc.
Attn: Commissions Department
1639 Route 10
Parsippany, NJ 07054