



Automated Clearinghouse (ACH) Transfer of Funds For Self-Funded Groups

Automated clearinghouse (ACH) transfer of funds is a safe, easy and effective way to ensure proper funding of your group's account. Your completion of this form will allow us to set up your ACH transfer. **Please return the form to our office within five working days.** If you prefer, you may fax the completed form to the Enrollment/Billing Department at 715-343-7609.

The ACH transfers for claims paid will occur weekly. An e-mail or fax will be sent to the contact person you designate one day prior to the transfer, providing the total amount to be withdrawn from your bank the following day. Administration charges are calculated monthly and are included in the final transfer of each month.

At the end of each month, Delta Dental will send you a printout of claims paid and your account reconciliation. The claims and administrative charges will be itemized, with the ACH transfer listed as a deposit received. The balance due should be zero. This will serve as your confirmation of the transfer. You may be charged a small fee for the ACH transfer by your bank.

Please call Delta Dental's Enrollment/Billing Department if you have any questions regarding the information in this form.

Delta Dental of Wisconsin
P.O. Box 828
2801 Hoover Road
Stevens Point, WI 54481
800-236-3713
Fax: 715-343-7609

Automated Clearinghouse Authorization Agreement for Preauthorized Payments

I (we) hereby authorize Delta Dental of Wisconsin, Inc., hereinafter called Company, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account and the financial institution indicated below, herein called Depository, to debit and/or credit the same such account.

Group Name

Federal Tax ID Number

Group Number

Contact Person (to receive the weekly notification)

Contact Person's Phone

Contact Person's E-Mail

Contact Person's Fax

Notification Preference: E-mail Fax

Depository Name

Depository Transit/ABA Number

Account Name

Account Number

Savings or Checking?

Depository Contact Person

Depository Contact Person's Phone

This authority is to remain in full force and effect until 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

Name

Signature

Date

Signature

Date