

Electronic Funds Transfer (EFT) Vendor Direct Payment Authorization Form

For your convenience and benefit, Delta Dental of Massachusetts offers payees the opportunity to receive future payments electronically, rather than by check. Your payments will be deposited into the checking or savings account you specify below. In addition to having the money deposited electronically, you also will be notified of the deposit by email. The email will provide you with all the information that would normally be on your check stub. To receive payments electronically, you must print, complete this form, attach a voided check, and return both to the address below.

Instructions: Please complete both sections of this Authorization Form and attach a voided check.

Mail to: Delta Dental of Massachusetts, Attention: Accounts Payable, 465 Medford St, Ste. 400, Boston, MA 02129

Authorization is:

☐ New

☐ Change

Vendor number: (To be completed by Accounts Payable)

Section I – Vendor information

1. Vendor name:

2. Taxpayer ID number or social security number:

Enter numerical values without dashes

3. Vendor street address:

4. Vendor city/town:

5. Vendor state:

6. Vendor zip code:

7. Contact person name:

8. Contact person phone:

9. Vendor email address for remittance notification:

10. Vendor authorization:

Authorized signature

Print name/title

Date

Section II – Financial institution information

11. Bank name:

12. Bank street address:

13. Bank city/town:

Bank state:

Bank zip code:

14. Routing transit number:

15. Account type:

☐ Checking

☐ Savings

16. Bank account number:

17. Bank account name:

18. Bank contact name:

19. Bank contact telephone:

20. FINANCIAL INSTITUTION CERTIFICATION: (required ONLY if directing funds into a savings account OR a voided check is not attached to this form): I certify that the account number and type of account is maintained in the name of the vendor named above. As a representative of the named financial institution, I certify that this financial institution is ACH capable and agrees to receive and deposit payments to the account shown.

Authorized signature

Print name/title

Date