

## ACH Authorization Form

I (we) \_\_\_\_\_ hereby certify the information set forth below is correct and authorize Direct Dental Administrators LLC and/or its subsidiaries ("DDA") to initiate debit and credit entries to my (our) Bank account indicated below. This account is used solely for business purposes for payment of all obligations owed by us to you as our vendor:

<b>Company Name</b>		
<b>Company Address</b>		
<b>Email Address</b>		
<b>Phone</b>		
<b>Fax</b>		
<b>EIN Number</b>		
<b>Bank Name</b>		
<b>Bank Address</b>		
<b>Bank Contact Name</b>		
<b>Bank Phone</b>		
<b>Routing Number</b>		
<b>Account Number</b>		
<b>Effective Date</b>		
<b>Authorized For</b>	<input type="checkbox"/> Claim Funding	<input type="checkbox"/> Administrative Fees

I (we) here by acknowledge and agree to pay all amounts due DDA within the terms agreed to. All payments will be made by Electronic Funds Transfer (EFT) unless otherwise indicated by you.

I (we) further certify that we are authorized to notify the above-named Bank to accept such debit and credit entries from us. This authority shall remain in full force and effect until fifteen (15) days after DDA and the Bank have received written notification of its termination. I (we) understand that this EFT service is governed by the rules of the National Automated Clearing House Association (NACHA) and that we or you can terminate it at any time.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

**Direct Dental Administrators, LLC**  
7510 Shoreline Drive, Stockton, CA 95219  
Phone: 844-213-8140 Fax: 209-478-5614  
Email: helpdesk@directdentalplans.com  
www.directdentalplans.com