



Group Electronic Funds Transfer (EFT) Form

Delta Dental of South Dakota
PO Box 1157
Pierre, SD 57501
(605) 224-7345 (800) 627-3961
Fax (605) 224-0909
www.deltadentalsd.com

Start date: _____

Group Name: _____ Group Number: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

This is a checking account - Please include a copy of a voided check with this form so that we may set up your electronic funds transfer.

This is a savings account - complete the following information:

Bank Name: _____

Address: _____

Bank Routing Number _____

Account Number _____

We authorize Delta Dental of South Dakota to charge our bank account through electronic funds transfer for our monthly invoice. Funds will be drawn from our account on or around the 10th of every month.

Please maintain this authority in full force and effect until we revoke or change it in writing.

Signed: _____

Date: _____