DELTA DENTAL®

Individual 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

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 _____

I authorize Delta Dental of South Dakota to charge my bank account through electronic funds transfer for my dental policy premium.

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

Signed: _____ Date: _____