



Automatic Draft of Weekly Claims and Monthly Administrative Fees

I authorize Delta Dental of Virginia to deduct weekly claims and monthly administrative fees from the account below.

Bank name _____

Bank address _____

City, State, ZIP code _____

Account number _____

Transit/ABA number _____

For weekly claims, every Thursday Delta Dental of Virginia will email an invoice stating the total amount of claims paid during the last five (5) business days, and the deduction to the company's account will occur on the following Monday. If the Monday that the deduction is to occur is a holiday, the deduction will be completed on the next business day. At month end, however, the day of the check run is sometimes moved to the last business day of the month. The invoice will be emailed the following day and the draft will be completed three (3) business days after the distribution of the invoice.

For monthly administrative fees, the debit entry will be initiated the last Monday of the month for the prior month's administrative fees. If the Monday is a holiday the draft will be completed the following business day. This authorization will remain in effect until Delta Dental of Virginia receives written notification to terminate monthly payments by bank draft. The written notification must be received by Delta Dental of Virginia thirty (30) days prior to the monthly draft discontinuation effective date.

Company name _____

Address _____

City, State, ZIP code _____

Phone number _____

Group number _____

Authorized signature _____

Date _____

ATTACH A VOIDED CHECK HERE

Instructions for Automatic Draft

In order to participate in the automatic draft program, an authorization form must be signed allowing us to draft your company's account. Complete and submit the attached form, along with a voided check, made payable to Delta Dental of Virginia, via fax or email to:

Fax: 540-776-8109

Email: billing@deltadentalva.com

If you do not have access to fax or email, then mail the form to the following:

Delta Dental of Virginia
Attention: Billing and Eligibility Department
4818 Starkey Road
Roanoke, VA 24018

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If you provide a Company ID to your financial institution for drafts to be completed, **note that the Company ID for Delta Dental of Virginia is 4540844477.**

Contact Billing and Eligibility at 800-237-6060 if you have questions.