DELTA DENTAL®

Account Specific Individual Subscriber Billing

I authorize Delta Dental of Virginia to deduct monthly premium payments from the account below.

Bank name _____

Bank address _____

City, State, ZIP code _____

Account number _____

Transit/ABA number _____

The debit entry will be initiated on the first business day of each month and shall not exceed the monthly amount due based upon the coverage selected. This authority is to remain in full force and effect until Delta Dental of Virginia receives written notification to terminate monthly payment by bank draft. Written notification must be received by Delta Dental of Virginia thirty (30) days prior to the monthly draft discontinuation effective date.

Name (print) _____

Address _____

City, State, ZIP code _____

Phone number _____

Social Security Number _____

Authorized signature _____

Date _____

ATTACH A VOIDED CHECK HERE

▲ **Delta Dental of Virginia** | 4818 Starkey Road, Roanoke, VA 24018 | 540.989.8000 | 800.237.6060 | **FAX 540.776.8109**

DELTA DENTAL®

Instructions for Automatic Draft

In order to participate in the automatic draft program, an authorization form must be signed allowing us to draft your 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

The debit entry will be initiated on the first business day of each month and shall not exceed the monthly amount due based upon the coverage selected. Once the authorization form is received and your account is set up, the first draft may be a test of the account information. Delta Dental will contact you if we cannot successfully execute this process.

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.