



DELTA DENTAL OF NEW MEXICO
ACH AUTHORIZATION FORM

INSTRUCTIONS:

- 1. Complete all sections of this form
2. Sign the form
3. Attached a voided check from the account
4. Return the form and voided check to:

Delta Dental of New Mexico
Attn: Finance Department
2500 Louisiana Blvd, NE, Ste 600
Albuquerque, NM 87110

EMPLOYER (GROUP) INFORMATION:

GROUP NAME:
ADDRESS:
CITY/STATE/ZIP:
PHONE:

ACCOUNT INFORMATION:

TYPE OF ACCOUNT:
ROUTING/TRANSIT NO: ACCOUNT NO:
FINANCIAL INSTITUTION NAME:
BRANCH:
ADDRESS:
CITY/STATE/ZIP:

I hereby authorize Delta Dental of New Mexico to withdraw funds from the above account at the above financial institution in the amount of our monthly charges. This withdrawal will be made on the 5th day of every month. I understand if the automatic draft is returned for non-sufficient funds or account closed that we may be charged additional fees and collection action may be taken.

This authority is to remain in full force and effect until Delta Dental of New Mexico has received written notification from us of its termination in such time and manner as to afford Delta Dental and the Financial Institution a reasonable opportunity to act on it.

My signature below indicates that I have verified and confirmed that all of the information provided above is correct.

Printed name of authorized individual Title

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Signature

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Date