



Group Electronic Funds Transfer (EFT) Form

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

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: _____