



Individual 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

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. Funds will be drawn from my account the first week of every month.

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

Signed: _____

Date: _____