

## 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: