

I am already receiving commissions via direct deposit, and would like to do the same for this group.

Please initial and date here: _____

OR

***I am NOT receiving my commissions via Direct Deposit but would like to do so for this group & all others.**

****Please 1) complete and sign authorization below and 2) enclose a voided check.**

I hereby authorize Delta Dental of Tennessee (DDTN) to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my **Account #:** _____ and the depository, to debit and/or credit the same to such account.

Bank Name: _____ **Routing #:** _____

This authorization is to remain in full force and effect until DDTN has received written notification from me of its termination in such time and in such manner as to afford DDTN and depository a reasonable opportunity to act on it.

Agent

Date