



DELTA DENTAL OF NEW MEXICO ACH AUTHORIZATION FORM

INSTRUCTIONS:

1. Complete all sections of this form
2. Sign the form
3. Attach a voided check from the account
4. Return the form and voided check to:
 - Accounts Payable
 - Delta Dental of Michigan
 - 4100 Okemos Rd.
 - Okemos, MI 48864
5. Or scan and email to billing@deltadentalnm.com

FINANCE DEPARTMENT
Email: billing@deltadentalnm.com
Phone: (800) 838-8863
 (M-F, 6:00 AM to 3:00 PM MT)

EMPLOYER (GROUP) INFORMATION:

GROUP NAME: _____

GROUP NUMBER: _____ **SUB-LOCATION NUMBER(S):** _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

BANK 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 insufficient 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
Signature	Date