DIRECT DENTAL ADMINISTRATORS, LLC

ACH Authorization Form

I (we) _____ hereby certify the information set forth below is correct and authorize Direct Dental Administrators LLC and/or its subsidiaries ("DDA") to initiate debit and credit entries to my (our) Bank account indicated below. This account is used solely for business purposes for payment of all obligations owed by us to you as our vendor:

Company Name		
Company Address		
Email Address		
Phone		
Fax		
EIN Number		
Bank Name		
Bank Address		
Bank Contact Name		
Bank Phone		
Routing Number		
Account Number		
Effective Date		
Authorized For	☐ Claim Funding	☐ Administrative Fees

I (we) here by acknowledge and agree to pay all amounts due DDA within the terms agreed to. All payments will be made by Electronic Funds Transfer (EFT) unless otherwise indicated by you.

I (we) further certify that we are authorized to notify the above-named Bank to accept such debit and credit entries from us. This authority shall remain in full force and effect until fifteen (15) days after DDA and the Bank have received written notification of its termination. I (we) understand that this EFT service is governed by the rules of the National Automated Clearing House Association (NACHA) and that we or you can terminate it at any time.

_____ _____

Authorized Signature **Title**

_____ _____

Print Name **Date**

Direct Dental Administrators, LLC
700 Larkspur Landing Circle, Suite 199, Larkspur, CA 94939
Phone: 415-526-1401 Fax: 415-454-2928
Email: helpdesk@directdentalplans.com
www.directdentalplans.com