

California Dental Network

A DentaQuest company

Direct Deposit Authorization

All newly appointed California Dental Network Providers/Agents are required to have their capitation/commission payments electronically deposited into their bank accounts.

- Include a voided check or savings deposit slip with this form; otherwise the form will be returned to you and electronic funds deposit will be delayed. **DO NOT SEND A CHECKING DEPOSIT SLIP !!!**
- Verify the nine-digit Routing/ABA number that is reprinted on your check or savings account deposit slip with the financial institution to be used for direct deposit of your commission funds

Section 1: Provider/Agent Information

Name		SSN or Tax ID	
Address		Phone #	
City	State	Zip	Email

Section 2: Account Information

Depository/Bank Name		Phone #	
City		State	Zip
Routing/ABA #	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Account #

Authorized Agreement for Automatic Deposits (ACH Credits)

I hereby authorize California Dental Network Inc., 23291 Mill Creek Drive Suite 100 Laguna Hills, CA 92653, hereinafter called COMPANY, to initiate credit entries to my (our) checking/savings account indicated above and the depository named above, hereinafter called DEPOSITORY, to credit and debit the same account. By requesting and accepting appointment with California Dental Network Inc., I agree to be paid by EFT.

Signature

Date

Please allow 4 Weeks for the Direct Deposit to Take Effect.

Funds are deposited to your account 1 business day after the statement are available