



### Direct Deposit Authorization for Brokers

All newly appointed California Dental Network Producers receiving commissions are required to have their 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: Producer Information

Producer Name		SSN or Tax ID	
Producer Address		Producer Phone #	
City	State	Zip	Producers E-mail

#### Section 2: Account Information

Depository/Bank Name		Phone #	
City	State	Zip	
Routing /ABA #	Checking	Savings	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 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.**

Commission funds are deposited to your account 1 business day after the commission statement due

# Instructions for Completing the Direct Deposit Authorization Form

**All newly appointed California Dental Network Producers that are receiving commissions must have their payments electronically deposited into their bank accounts**

## Completing the Form

The Direct Deposit authorization Form is a “fillable” form. You may complete the form while it is displayed on your computer. When you complete the form:

- Save the form. Print and sign the form
- Forward the form to [ssampsel@caldental.net](mailto:ssampsel@caldental.net) or fax 949-830-1655 Broker Commissions

Please complete Sections 1 and 2 and sign and date the form. If the form is incomplete, it will be returned to you and may delay your Appointment start date. Please allow 4 weeks for the Direct Deposit to go into effect.

## Section 1 : Producer Information

Provide the following information for this section:

- Agent Name: This is the name of the individual or business entity.
- SSN or Tax ID # Individual provide SSN; business entities provide Federal Tax Identification Number.
- Address: This is the mailing address where you prefer to receive information.
- Telephone Number: This is your preferred telephone number where you may be contacted if additional information is needed regarding the direct deposit request.
- Email: Email address where to contact you with any questions (regarding EFT only)

## Section 2: Account Information

### Important!!!

If you are choosing to deposit your commissions to a checking account, please include a preprinted original voided check, not a check deposit slip. If you are choosing to deposit to a savings account, include a preprinted bank verification or savings deposit slip.

Provide the following information for this section:

- Complete all information for each bank account for which the direct deposit will be/has been made:
  - ◇ Type of Request; Check Ade if this is a new direct deposit request
  - ◇ Depository Name Bank on which account is drawn
  - ◇ Depository Phone Number; Bank's phone number
  - ◇ Depository City, State and Zip; Banks Address
  - ◇ Routing/ABA number-this number is unique to each bank and MUST be included.

**Please verify the nine-digit Routing and /ABA number that is preprinted on your check with your financial institution as the one to be used for direct deposit of your commission funds. DO NOT USE THE ROUTING NUMBER PRINTED ON THE CHECKING DEPOSIT SLIP.**

- ◇ Check whether checking or savings account
- ◇ Enter checking or savings account number
- ◇ You may deposit the full amount into one account ONLY.
- Sign and date the completed form.
- Provide your title if you are representing any agency
- Include the completed form when you return the Agent Appointment Paperwork & Direct Deposit Form to [CDNindividual@caldental.net](mailto:CDNindividual@caldental.net) or Fax (714) 242-6734

**Please call Broker Service at 949-830-1600 Option 6 with any questions regarding this form.**