

Direct Deposit Authorization for Producer

Washington Dental Service offers the option of receiving commission payments electronically, using direct deposit. With this service, you can have your WDS commission payments deposited directly to your bank account. What will this mean to you?

- **Faster payment on your commission**
- **Streamlined office administration**
- **No checks to track and deposit**
- **Your money is available immediately**

There is no cost on your part to receive payment through direct deposit – all you need is an e-mail address.

Deposits are made each month on or about the 10th, and the payment voucher will be e-mailed to you the same day via a secured e-mail.

To enroll in the Washington Dental Service automatic direct deposit program, simply complete this form and return it – and a blank/voided check if you are using a checking account – to Washington Dental Service.

If you have any questions or would like additional information, please call Betsi Yuskoff at (206) 528-7351.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT BY WASHINGTON DENTAL SERVICE

Payee Name: _____ Physical address: _____
 Phone #: _____

Office E-mail address: _____ *(The payment voucher will be sent to this address)*

I hereby authorize Washington Dental Service to make deposits into my bank account as indicated below:

Account Name: _____
 (business name listed on the account)

Bank Name: _____ Bank Phone #: _____

Bank address: _____

Type of account: **Checking account, please attach a blank/voided check** *(a deposit slip is not acceptable)*
 Savings account *(Please verify with your bank the following information)*
 ABA#: _____ Account #: _____
 Money market account *(please verify with your bank whether this is classified as a savings or checking account and indicate below)*
 Savings *Checking*
 ABA#: _____ Account #: _____

This authorization will remain in full force and effect until I provide written notice to Washington Dental Service.

Payee Signature: _____ Date: _____

Fax completed agreement and check copy directly to our dept at: (206) 985-4821.

OR

Mail directly to our dept at:
 Washington Dental Service
 Attn: Licensing Specialist
 PO BOX 75688
 Seattle WA 98175