Open and Affordable Dental and Braces®

Direct Deposit Authorization

Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First Name ☐☐☐☐☐☐☐☐☐☐

MI ☐

Social Security Number ☐☐☐-☐☐-☐☐☐☐

Phone Number ☐☐☐-☐☐☐-☐☐☐☐

Action

☐ New ☐ Change ☐ Cancel

Effective Date ☐☐/☐☐/☐☐☐☐

Name of Financial Institution ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Ownership of Account

☐ Self ☐ Joint ☐ Other

Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Type of Account

☐ Checking ☐ Savings

Routing Transit Number

The first two numbers must be 01 through 12 or 21 through 32

☐☐☐☐☐☐☐☐☐ All 9 boxes MUST be filled!

By signing this agreement, I authorize Open and Affordable Dental and Braces to initiate credit entries to the account indicated above for the purpose of expense and/or payroll. I also authorize the aforementioned to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature: _____ Date: _____

If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.

Signature: _____ Date: _____

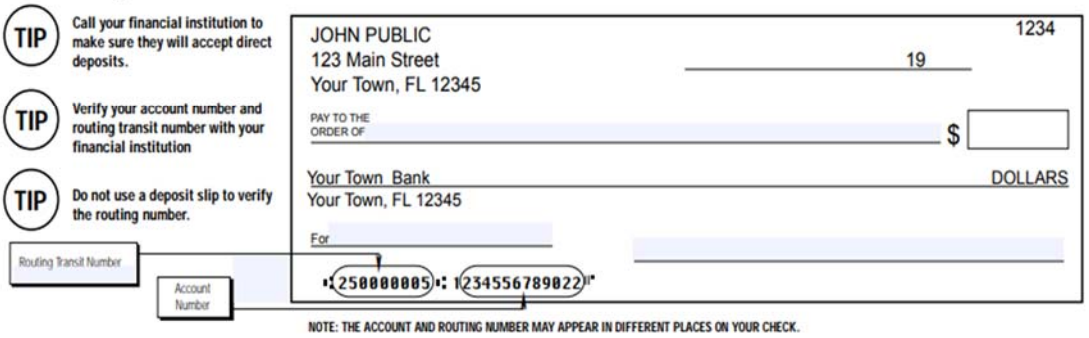
HOW TO COMPLETE THIS FORM

1. Fill in all boxes above.
2. Sign and date the form.

TIP Call your financial institution to make sure they will accept direct deposits.

TIP Verify your account number and routing transit number with your financial institution

TIP Do not use a deposit slip to verify the routing number.



NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.