

# Become Appointed with Delta Dental of Idaho



Have you been asked about dental plans but aren't appointed to sell with Delta Dental of Idaho? We make it easy to partner with us, allowing you to sell Delta Dental of Idaho benefits to groups and individuals from our diverse family of plans.

**To become appointed with Delta Dental of Idaho, all we need is:**

- **A copy of your Idaho Producers License**
- **Your SSN & NPN**
- **Contact information, including a mailing address and email**
- **Completed direct deposit ACH form**

Please email the above items to [sales@deltadentalid.com](mailto:sales@deltadentalid.com) and we'll take care of the rest. If you are not using a secure email client, please call us with your SSN and we'll enter your information into our secure system over the phone.

Whatever you and your clients decide is right for them, Delta Dental offers flexible plan options, exceptional sales support and best-in-class customer service. And as always, the Delta Dental sales team is here to provide you with the resources to support you through the sales process.



# Direct Deposit (ACH) Form

To sign up for Direct Deposit, please complete the following form and submit a copy of a voided check (not a deposit slip) to us at the address above.

## Authorization Agreement for Automatic Deposits (ACH Credits) from Delta Dental of Idaho

Business Name: \_\_\_\_\_

Tax ID/SSN: \_\_\_\_\_

Email address: \_\_\_\_\_

I hereby authorize Delta Dental of Idaho to initiate credit entries to the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

Bank/Depository Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Transit/ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

This authority is to remain in full force and effect, until Delta Dental of Idaho has received written notification of its termination in such time and in such manner as to afford Delta Dental of Idaho and DEPOSITORY a reasonable opportunity to act on it.

Authorized by: \_\_\_\_\_

(Please print)

License Number: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_