Direct Deposit Form

FACILITY INFORMATION

Facility Name: _____ Facility ID: _____ Tax ID: _____
Facility Address: _____
Email Address: _____

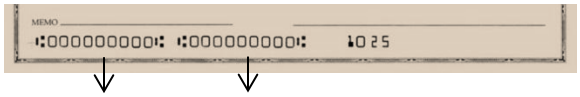
ACCOUNT INFORMATION

☐ Add ☐ Change (Existing)

Account Legal Name: _____ Account Number: _____

Account Type *(check one):* ☐Checking ☐Savings Bank Routing Number: | | | | | | | | | |

Name of Financial Institution: _____



Routing Number Account Number

One of the following must be attached (select one):
☐ Voided check
☐ Confirmation letter from your bank with required account information

AUTHORIZATION

Please note that all references to "me," "my" or "I" below refer to the dental office contracted with LIBERTY Dental Plan and to which payments shall be directly deposited by LIBERTY Dental Plan under this authorization form.

By signing below, I hereby authorize LIBERTY Dental Plan to deposit any amounts due to me, less any mandatory or authorized withholdings or deductions, into the account indicated on this form. I understand that my payment statements will be available online and that paper statements will no longer be provided to me.

If at any time the amount so deposited exceeds the amount actually due and payable to me, I hereby authorize LIBERTY Dental Plan to either: (i) withhold a sum equal to the overpayment from future amounts due to me; or (ii) recover such overpayment from the above-indicated account. I understand that it is my responsibility to verify that payments have been credited to my account and I agree that LIBERTY Dental Plan assumes no liability for overdrafts for any reason whatsoever. I further understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action or inaction by me, LIBERTY Dental Plan cannot issue the funds to me until the funds are returned to LIBERTY Dental Plan by the financial institution.

I certify that the account is drawn in my name and that I have sole control of the account. I certify that the account is drawn in the legal business name of the dental office and that such dental office has sole control of the account. Either way, I certify that all arrangements between my financial institution(s) and me are in accordance with all applicable federal and state laws and regulations.

This authorization will remain in effect until I have submitted a new Direct Deposit Form to LIBERTY Dental Plan or until either Dental Plan or I have provided the other with written notice to terminate this authorization or direct deposit arrangement. I understand that I can change my account information or financial institution arrangement by completing a new Direct Deposit Form available from LIBERTY Dental Plan. I agree to immediately notify LIBERTY Dental Plan before I close any account listed above while this authorization is in effect.

☐ I certify that 100% of the net deposit will not be sent to a financial institution outside the jurisdiction of the United States.

Authorized Signature: _____ Date: _____
Print Name: _____ Title: _____

CANCELLATION

I hereby cancel my Direct Deposit authorization.
Authorized Signature: _____ Date: _____
Print Name: _____ Title: _____

LIBERTY DENTAL PLAN USE ONLY
Vendor Name:
Vendor ID:

Instructions for Completing the Direct Deposit Form

Please allow 30 days after your form is submitted to receive your first direct deposit payment. Forms that are not fully or accurately completed will result in delays in processing the direct deposit arrangement.

General Instructions

1. Complete all portions of the form according to the type of enrollment and sign where required
    - Adding an account – complete the Provider Information, Account Information (check “Add” box), and Authorization sections
    - Changing an existing account (changing type of account, financial institution, account/routing numbers) – complete the Provider Information, Account Information (check “Change” box), and Authorization sections
    - Deleting an account – complete the Provider Information and Cancellation sections
2. Attach a voided check from the listed account. Please note that this Direct Deposit Form will not be processed unless attached.