Electronic Funds Transfer (EFT) Form

Section 1 > Transaction type

☐ Establish new account ☐ Change/edit current account

Effective date	Date of transfer (If no indication 1st will be assumed) ☐ 25th (prior month for future month's premium) ☐ 1st

Section 2 > Instructions

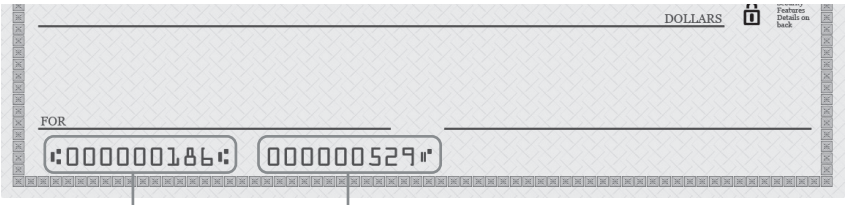
1. Complete and sign the authorization form
2. For a checking account, please attach a VOIDED check
3. For a savings account, attach a deposit slip
4. Return the authorization form with the voided check or deposit slip to Moda Health Plan, Inc.

Section 3 > Payment

Company name	Company tax ID number

I (we) hereby authorize Moda Health and/or Delta Dental hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository name	Branch	
City	State	ZIP
Bank routing no.	Account no.	



9-digit routing no. *Account no.*

Section 4 > Authorization

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time in such manner to afford GO:MP ANY and DEPOSITORY a reasonable opportunity to act on it.

Signature X	Signature X
Date	Date

Ready to submit? Mail this form with a copy of a voided check to Moda Health and/or Delta Dental:

Mail: Moda Health and/or Delta Dental, Attn: Billing and Eligibility, 601 S.W. Second Ave., Portland, OR 97204-3156

Questions? Contact Customer Service at 888-217-2365. (TTY users, dial 711.)

modahealth.com | DeltaDentalOR.com | DeltaDentalAK.com

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