



ELECTRONIC PAYMENT AUTHORIZATION

Company Information	
Name:	
Address:	
Remittance Address (if different):	
Contact Name	Telephone Number:
Financial Institution Information	
Name:	
Address:	
Bank ABA/Routing Transit Number:	
Account Number:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

I hereby authorize Dean Health Service Company, LLC to initiate credit entries to the account specified in accordance with applicable rules relating to corporate payment entries of the National Automated Clearing House Association and its related member associations.

Date: _____ Signature: _____ Title: _____

Please include your email address and a copy of a cancelled check or Bank Verification document with the form.