

# authorization agreement

## for pre-arranged deposits



### Section 1 Complete Sections 1 and 3 to create a new agreement or to change your current account information.

New Account     Change Account

I authorize **FIRST AMERITAS LIFE INSURANCE CORP. OF NEW YORK** (hereinafter the Company) to initiate deposit of funds into my checking/savings account indicated below, and the named financial institution below to post the same to such account.

Depository Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Account Number (check one)     Checking     Savings \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK. FOR SAVING ACCOUNTS ONLY ATTACH A DEPOSIT SLIP.**

**After receiving a completed authorization agreement, it may take up to 30 days to begin making pre-arranged deposit transactions.**

### Section 2 Complete Sections 2 and 3 to cancel your EFT agreement.

Close Account

### Section 3

Name (print) \_\_\_\_\_

E-mail address \_\_\_\_\_ Fax number \_\_\_\_\_

PLEASE  
SIGN  
HERE →

**X** \_\_\_\_\_ Date \_\_\_\_\_

Signature of account owner as shown on bank records

Tax Identification Number \_\_\_\_\_

### Disclosure

This authority is to remain in full force and effect until the company has received a written termination notification from me. Said written termination notification must set out an effective termination date and must be received by the company 30 days prior to the set termination date. In no event shall the termination be effective with respect to entries processed by the company prior to the termination date set out in said notification. In the event the depository institution account has been inactive for one year, the arrangement will be stopped and a new authorization agreement must be submitted to the company. In the event the provider's office has a partnership, it is the office's responsibility to notify the company of changes to the partnership.

I further authorize the company to initiate such debit entries to said account as may be necessary to correct any erroneous credit entries previously initiated thereto. I authorize the aforesaid depository institution to accept and to credit or debit the amount of such entries to my account.

In the event that I identify an erroneous entry, I shall, within fifteen calendar days following the date of which the depository institution sends to me a statement of account or a written notice pertaining to such entry, send to the deposit institution a written notice identifying such entry, stating that such entry was in error and requesting the depository institution to reverse the amount thereof to such account.

I have the right to stop payment of any entry by notification to the depository institution prior to posting the account.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the operating rules of the National Automated Clearing House Association (NACHA) as amended by the rules of the Mid-America payment exchange, as now or hereafter in effect, and agrees to be bound thereby.

I understand that the company is providing this pre-arranged deposit agreement without charge and, that, the company will not be liable for any claims or damages arising, directly or indirectly, from this deposit arrangement.

# tips

## how to speed processing

Missing or incomplete information will slow down processing. Please complete this form in its entirety.

**Mail or fax completed Authorization Agreement for Pre-Arranged Deposits form, along with a voided check or deposit slip, to:**

First Ameritas  
ATTN: EFT Team  
PO Box 82595  
Lincoln, NE 68501  
  
Toll Free: . . . . 800.659.5556  
Fax: . . . . . 402.309.2580

After we receive a completed authorization agreement, it may take up to 30 days to begin making pre-arranged deposit transactions.

Promptly inform us of any changes in your banking information. Fax or send changes to the attention of the EFT Team at First Ameritas, PO Box 82595, Lincoln NE 68501 (fax: 402.309.2580).

We will stop the electronic deposit of funds to your account(s) upon receipt of written notification from you. Notification must be faxed or sent to the attention of the EFT Team at First Ameritas, PO Box 82595, Lincoln NE 68501 (fax: 402.309.2580).

Call the EFT Team at 800.659.5556 with any questions.

### **If you are submitting for a corporation or multiple locations:**

If you are submitting this form for a corporation or multiple dental office locations, you must provide us with the following information **on your company's stationary**:

A list\* of all applicable bank accounts with the following information listed **for each account**:

- Bank account number
- ABA
- Routing number
- Name of bank or financial institution
- Name on bank account
- Name, address and telephone number for each dental office location that will be utilizing pre-arranged deposits

\*Include your signature on the page with this information.

Please note: We must receive two documents – a completed copy of the Authorization Agreement for Pre-arranged Deposits form and a **signed** copy of the above-mentioned listing of applicable bank accounts on **company stationary**.

### **website**

Visit [ameritasgroup.com](http://ameritasgroup.com) ([firstameritasgroup.com](http://firstameritasgroup.com) in New York) to access your secure provider account, verify patient benefits, download forms and more.

Please note, the free software Adobe Reader® is needed to view and print electronic forms.

### **electronic claims and attachments**

We can process electronic claims the same day we receive them. Plus, most software can submit claims and attachments while simultaneously creating accounting records. For more information, please visit the following websites:

[ndedic.org](http://ndedic.org)  
[ez2000dental.com](http://ez2000dental.com)  
[nea-fast.com](http://nea-fast.com)

### **join our network**

If you're not already part of our network, contact the Provider Relations team at 800.755.8844 to learn more about the benefits of being part of our family. We work hard to build lasting relationships with the providers on our network.

### **recovery of erroneous payment**

If we determine a provider has received an overpayment from us, we undergo a formal review process to verify and determine the overpaid amount. Then, we send the provider a formal letter which includes an explanation and requests the provider send us a check for the specified amount.