

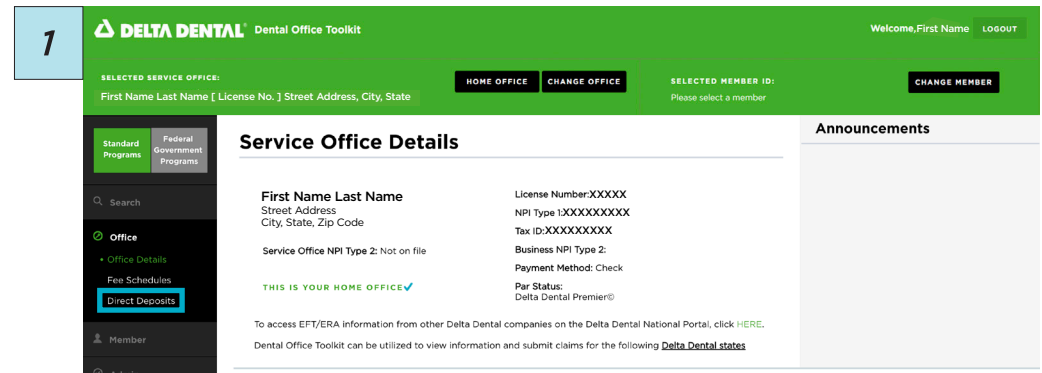
Dental Office Toolkit (DOT) Quick Guide

How to register for direct deposit

To register, access, or change direct deposit information, you must be the User Manager or EFT (Electronic File Transfer) User.

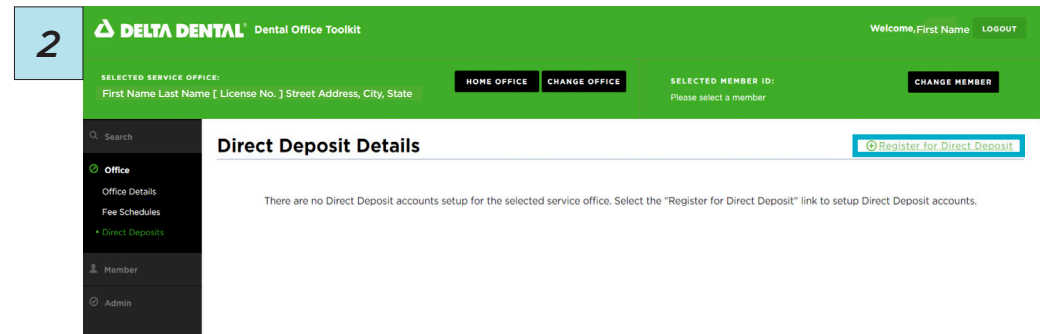
1. Under Office, click **Direct Deposits**.

Image 1



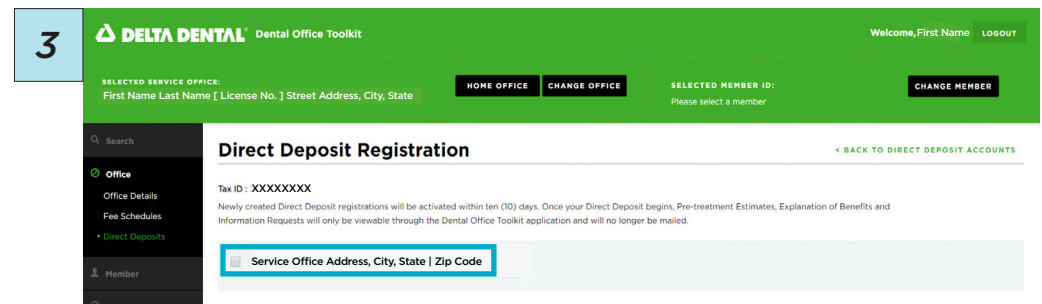
2. On the Direct Deposit Details page, click **Register for Direct Deposit**.

Image 2



3. Check the box if the service office listed is accurate.

Image 3



4. Enter the following required information:

- Your Name
- Name on Account
- Email Address
- Bank or Financial Institution Name
- Account Type
- Routing Number
- Account Number
- Select National or Non-National EFT (direct deposit)

Click **Continue**.

Image 4

4

Routing Number
XXXXXXXXXX

Confirm Routing Number
XXXXXXXXXX

Account Number
XXXXXXXXXXXX

Confirm Account Number
XXXXXXXXXXXX

National EFT
By enrolling in National EFT, all Delta Dental plans across the U.S. will issue EFT payments to you. You can continue to view your electronic EFT/EOB within this site for the states listed below, however, for all other states, you will access your electronic EFT/EOB by logging into www.deltadental.com.

Non-National EFT
By enrolling in Non-National EFT, only the Delta Dental plans listed below will issue EFT payments to you. All EFT/EOB information for these plans can be viewed within this site (Delta Office ToolKit).

- Delta Dental of Michigan
- Delta Dental of Ohio
- Delta Dental of Indiana
- Delta Dental of North Carolina
- Delta Dental of Arkansas
- Delta Dental of Kentucky
- Delta Dental of Nebraska
- Delta Dental of New Mexico
- Delta Dental of North Dakota
- Delta Dental of Minnesota
- Delta Dental of Tennessee
- Delta Dental of Wisconsin
- Federal Government Programs

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5. Check the box to agree to Terms and Conditions.

Image 5

6. Click **Accept**.

Image 6

5

SELECTED SERVICE OFFICE:
First Name Last Name | License No. | Street Address, City, State

HOME OFFICE CHANGE OFFICE

SELECTED MEMBER ID:
Please select a member

CHANGE MEMBER

Direct Deposit Verification

Please verify the information you entered is correct.

Service Office(s)
Service Office Address, City, State | Zip Code

Your Name
First Name Last Name

Name on Account
First Name Last Name

Bank or Financial Institution Name
Bank Name

Account Type
Checking

Routing Number
XXXXXXXXXX

Account Number
XXXXXXXXXXXX

By clicking "Accept" below, registrant agrees to all of the foregoing Terms and Conditions. The person completing this registration represents and warrants that such person has full authority to bind registrant to these terms and conditions and that all information provided in connection with this registration is accurate and complete.

CANCEL EDIT ACCEPT

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Member

Admin

Your Name
First Name Last Name

Name on Account
First Name Last Name

Bank or Financial Institution Name
Bank Name

Account Type
Checking

Routing Number
XXXXXXXXXX

Account Number
XXXXXXXXXXXX

By clicking "Accept" below, registrant agrees to all of the foregoing Terms and Conditions. The person completing this registration represents and warrants that such person has full authority to bind registrant to these terms and conditions and that all information provided in connection with this registration is accurate and complete.

CANCEL EDIT ACCEPT