

Electronic Funds Transfer (EFT) Waiver Form

All provider offices are encouraged to complete the Electronic Funds Transfer form to receive payments electronically. Alternatively, by completing this form, you will be eligible to receive paper checks sent via US Postal Service. To avoid credentialing delays, you must either sign up for EFT or complete all sections of the waiver form below and return to DentaQuest with your contract.

I would like to opt out of receiving my payments electronically. Please send all payments via US mail.

Office Tax Identification Number: _____

Business/1099 Name: _____

Business/1099 Address: _____

City, State, Zip: _____

Payment Address: _____

City, State, Zip: _____

Treatment Address 1: _____

City, State, Zip: _____

Treatment Address 2: _____

City, State, Zip: _____

Treatment Address 3: _____

City, State, Zip: _____

If you have additional Treatment addresses, please attach a list.

In order to complete your request, you must provide the reason below for your opting out of this service.

Our office does not have a computer Our office does not have internet access

Other _____

Print Name

Signature

Title

Date