Alwaysdental Individual Dental Insurance Plan
Cypress Dental Administrators
dba Lakeshore Insurance Services

CHECKING ACCOUNT / CREDIT CARD CHANGE FORM

Please mail this form to: Cypress Dental Administrators
Attn: Billing Department
7510 Shoreline Drive, Suite A-1, Stockton, CA 95219
Or fax to: 209-478-5614
Or email to: billing@cypressadmin.com

Subscriber Name: _____

Subscriber ID # *(optional)*: _____

Subscriber Phone #: _____

For Credit Card Changes:

Credit card type *(circle one)* **Visa MC AMEX Discover**

Credit card number _____ **Exp Date __ / ____**

Credit card holder's name _____

Note: "Lakeshore Insurance" will appear on your credit card statement.

For Checking Account Changes:

Please attach a voided check

Account Holder's Name _____

Bank Name _____

Account Number _____

Routing Number (9 digits) ___ ___ ___ ___ ___ ___ ___ ___ ___

AUTHORIZATION FOR CHANGES ABOVE:

AUTHORIZATION TO HONOR CHECKS OR CREDIT CARD CHARGES DRAWN BY CYPRESS DENTAL ADMINISTRATORS:

As a convenience to me, I hereby request and authorize you to pay and charge to my checking or credit card account, my dental insurance premiums payable to the order of Cypress Dental Administrators (Lakeshore Insurance Services) provided there are sufficient collected funds in said account to pay the same upon presentation. Cypress Dental Administrators will debit my bank account or charge my credit card indicated above on or about the 5th of the month for the current month's coverage. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check or credit card charge.

I further agree that if any such check or charge be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of benefits.

Signature EXACTLY as it appears on bank records: _____

Date: _____

Note: ACH and credit card transactions are initiated on the 5th of each month. Changes to a subscriber's banking or credit card information will take place within 24 hours of receipt, however this notice must be received by the 1st of the month in order to be in effect for the upcoming ACH on the 5th of that same month.