



Addendum To Your Electronic Fund Transfer Form

Please read this Addendum completely and retain it with your personal records.

This Addendum is incorporated by this reference into and becomes a part of LIBERTY Dental Plan's Electronic Fund Transfer Form and agreement, and is effective as of July 25, 2025. All other terms and conditions set forth in your Electronic Fund Transfer Form remain in effect.

I acknowledge that LIBERTY Dental Plan may engage a third-party vendor to facilitate the processing of payments. This third-party vendor is granted the authority to execute all necessary actions to ensure the accurate and timely deposit, or recovery thereof, of funds, into the account indicated on this EFT form. I understand that the third-party vendor operates under the same terms and conditions outlined in this EFT form. I agree to cooperate with both LIBERTY Dental Plan and its authorized third-party vendor to resolve any issues related to payment processing and account deposits.

Authorized Signature

Date

Print Name

Title

Office TIN: _____

Office Name: _____

LIBERTY DENTAL PLAN USE ONLY

Vendor Name: _____

Vendor #: _____