

ACCOUNT UPDATE FORM

DATE:

MANDATORY – CURRENT ACCOUNT INFORMATION: (Used to identify which accounts are being updated)

Address:

Office ID/Site ID also known as Office Number (4 Characters) :

UPDATE MY OFFICE INFORMATION

Email Address for instream Critical Notifications:

Email Address for Administrative/Service notices:

(Same as Critical Notifications)

Authorized Contact(s):

Person(s) that you authorize to have access to the password for your instream Digital Certificate.

(*The provider is not automatically an authorized contact. The provider must be manually added as an authorized contact.)

Address:

Phone Number:

Fax Number:

Practice Management Software:

SEND MY PASSWORD INFORMATION LETTER

This is a letter of consent to send the certificate installation instructions and password of the named recipient listed below by fax upon request by account contacts from this day forward. This releases 8863202 Canada Inc. of any security liability and the named recipient acknowledge that these means of transport may not be secure and personal information contained in this (these) communication(s) may ultimately be viewed by a third party or lost in transport.

CONSENT

THE ABOVE CHANGES APPLY TO AND ARE AUTHORIZED BY THE FOLLOWING PROVIDER:

PROVIDER NAME

PROVIDER SIGNATURE

NO STAMPS

The information in this communication, including any attached documentation, is intended only for the person or entity to which it is addressed, and may contain confidential, personal, and/or privileged information. Any unauthorized disclosure, copying, or taking action on the contents is strictly prohibited. If you have received this message in error, please contact us immediately so we may correct our records. Thank you.