



## INFORMATION CHANGE REQUEST FORM

|                       |                          |                                |
|-----------------------|--------------------------|--------------------------------|
| Check all that apply: |                          |                                |
| PHYSICAL<br>TELEPHONE | <input type="checkbox"/> | MAILING<br>EMAIL               |
|                       | <input type="checkbox"/> |                                |
|                       |                          | OTHER <input type="checkbox"/> |
| ACCOUNT NAME          |                          |                                |
| NEW STREET ADDRESS:   |                          |                                |
| CITY                  | STATE                    | ZIP CODE                       |
| TELEPHONE NO:         |                          |                                |
| WORK PH:              | MOBILE PH:               | HOME PH:                       |
| EMAIL ADDRESS:        |                          |                                |
| BUSINESS: PERSONAL:   |                          |                                |

|                             |
|-----------------------------|
| PORT NO:                    |
| DEPOSIT / LOAN / DEBIT CARD |
|                             |
|                             |
|                             |
|                             |
|                             |

### CURRENT CUSTOMER INFORMATION

|                     |            |          |
|---------------------|------------|----------|
| OLD STREET ADDRESS: |            |          |
| CITY                | STATE      | ZIP CODE |
| TELEPHONE NO:       |            |          |
| WORK PH:            | MOBILE PH: | HOME PH: |
| EMAIL ADDRESS:      |            |          |
| BUSINESS: PERSONAL: |            |          |
| SIGNATURE           |            |          |
| X                   |            |          |
| NAME                |            | DATE     |

### OTHER

|                                |
|--------------------------------|
| Product Code                   |
| CD Interest Payment Method     |
| E-Statement to Paper Statement |
|                                |
|                                |
|                                |

### Bank Use Only:

|                                    |   |                  |
|------------------------------------|---|------------------|
| RECEIVED METHOD:                   |   | SIG VERIFIED BY: |
| <input type="checkbox"/> IN PERSON | <input type="checkbox"/> E-MAIL <input type="checkbox"/> MAIL |                  |
| PHONE VERIFICATION                 |   |                  |
| CUSTOMER NAME:                     | VERIFIED INFO:  | TIME:            |
| RECEIVED BRANCH:                   | INPUT BY / REVIEW BY:   | DATE             |

### OPS ADMIN ONLY

|              |      |
|--------------|------|
| CALLBACK BY: | DATE |
|--------------|------|