



Authorization to Change Contact Information

Please accept this letter as your direct authority to change the contact information.

Need only to complete sections where changes apply.

Please provide all names for which changes apply.

In order to provide better customer service when inquiring into your account(s) via the telephone we recommend you establish a free form question and answer. Mothers maiden name is not an available option. Free form questions that are a yes or no answer are not an available option.

Name: _____
Social Security #: _____
Primary Phone #: _____
Alternative Phone #: _____
Email Address: _____
Free Form Question: _____
Answer: _____

Name: _____
Social Security #: _____
Primary Phone #: _____
Alternative Phone #: _____
Email Address: _____
Free Form Question: _____
Answer: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Name: _____
Social Security #: _____
Primary Phone #: _____
Alternative Phone #: _____
Email Address: _____
Free Form Question: _____
Answer: _____

Name: _____
Social Security #: _____
Primary Phone #: _____
Alternative Phone #: _____
Email Address: _____
Free Form Question: _____
Answer: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Change of address requests made by phone, mail or fax will occur 10 days after the date information is received by bank personnel.

Previous Address:
Physical Address: _____
Mailing Address: _____
City, State, Zip: _____

New Address:
Physical Address: _____
Mailing Address: _____
City, State, Zip: _____

Signature: _____

Date: _____

Please provide account number(s) that apply to the contact information change:

Checking / MMA _____

Savings _____

Certificates _____

Loans _____

Stockholder Safety Deposit Box Online Banking

Debit / ATM Card Bill Pay

Bank Use Only
Received: In Person By Phone, Mail or Fax: Date Received:
Verified By: Verification Method: Portfolio #: