



## Authorization to Change Contact Information

Name line #: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

*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.*

*Need only to complete sections where changes apply.*

Primary Phone #: \_\_\_\_\_

Alternative Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Free Form Question: \_\_\_\_\_

Answer: \_\_\_\_\_

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

<b>Previous Address:</b>	<b>New Address:</b>
Physical Address: _____	Physical Address: _____
Mailing Address: _____	Mailing Address: _____
City, State, Zip: _____	City, State, Zip: _____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Bank Use Only</b>		<b>Please provide account number(s) that apply to the contact information change:</b>						
Maint Completed By	No Change Needed							
<input type="checkbox"/>	<input type="checkbox"/>	Checking / MMA	_____	_____	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	Savings	_____	_____	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	Certificates	_____	_____	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	Loans	_____	_____	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	Safe Deposit Box	_____	_____	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	Debit/ATM Card	_____	_____	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	Online Banking	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<input type="checkbox"/>	<input type="checkbox"/>	Bill Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<input type="checkbox"/>	<input type="checkbox"/>	Stockholder	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<input type="checkbox"/>	<input type="checkbox"/>	Line (for bank use)	_____	_____	_____	_____	_____	

<b>Bank Use Only</b>	
Received: In Person _____	By Phone, Mail or Fax: _____
Verified By: _____	Date Received: _____
Verification Method: _____	Portfolio #: _____