



Authorization to Change Contact Information

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. Mother's 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 # : _____ ☐ Home ☐ Cell ☐ Work
Alternative Phone # : _____ ☐ Home ☐ Cell ☐ Work
Email Address: _____
Free Form Question: _____
Answer: _____

Physical Address:	Mailing Address:	Seasonal Address:
Previous: _____	Previous: _____	Previous: _____
_____	_____	_____
New: _____	New: _____	New: _____
_____	_____	_____
_____	_____	_____
		From Date: _____
		Through Date: _____

Bank Use Only		Please provide account number(s) that apply to the contact information change:					
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"/>	Name line # (for bank use)	_____				
<input type="checkbox"/>	<input type="checkbox"/>	Port # (for bank use)	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Line # (for bank use)	_____	_____	_____	_____	_____

Bank Use Only			Notification Sent	
Received: In Person _____	By Email, Mail or Fax: _____	Date Received: _____	Date/Initials: _____	
Verified By: _____	Verification Method: _____			