



## 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 (Previous):** \_\_\_\_\_ **Physical Address (New):** \_\_\_\_\_

**Mailing Address (Previous):** \_\_\_\_\_ **Mailing Address (New):** \_\_\_\_\_

**Seasonal Address (Previous):** \_\_\_\_\_ **Seasonal Address (New):** \_\_\_\_\_

**From Date:** \_\_\_\_\_

**Through Date:** \_\_\_\_\_

Bank Use Only	
Maint Completed By	No Change Needed
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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

Checking / MMA	_____	_____	_____	_____	_____	_____
Savings	_____	_____	_____	_____	_____	_____
Certificates	_____	_____	_____	_____	_____	_____
Loans	_____	_____	_____	_____	_____	_____
Safe Deposit Box	_____	_____	_____	_____	_____	_____
Debit/ATM Card	_____	_____	_____	_____	_____	_____
Online Banking	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Bill Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Stockholder	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Name line # (for bank use)	_____					
Port # (for bank use)	_____	_____	_____	_____	_____	_____
Line # (for bank use)	_____	_____	_____	_____	_____	_____

**Bank Use Only**

Received: In Person \_\_\_\_\_ By Email, Phone, \_\_\_\_\_ Date/Initials  
Mail or Fax: \_\_\_\_\_ letter sent: \_\_\_\_\_  
Verified By: \_\_\_\_\_ Verification Method: \_\_\_\_\_ Date Received: \_\_\_\_\_