BWD
Bank of Wisconsin Dells
Lake Delton Branch
Community Bank of Portage

Authorization to Change Contact Information

Customer Name: _____ Social Security # : _____

Notified By (Business only): _____

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						
☐	☐	Checking / MMA					
☐	☐	Savings					
☐	☐	Certificates					
☐	☐	Loans					
☐	☐	Safe Deposit Box					
☐	☐	Debit/ATM Card					
☐	☐	Online Banking	☐ Yes	☐ No			
☐	☐	Bill Pay	☐ Yes	☐ No			
☐	☐	Stockholder	☐ Yes	☐ No			
☐	☐	Name line # (for bank use)					
☐	☐	Port # (for bank use)					
☐	☐	Line # (for bank use)					

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

Bank Use Only

Received: In Person _____ *By Email, Phone, Mail or Fax:* _____ *Date Received:* _____ *Date/Initials letter sent:* _____

Verified By: _____ *Verification Method:* _____