



# Authorization to Change Contact Information

**Need only to complete sections where changes apply.**

**Please provide all names for which changes apply.**

Name: \_\_\_\_\_  
Social Security # : \_\_\_\_\_  
Primary Phone # : \_\_\_\_\_  
Alternative Phone # : \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Social Security # : \_\_\_\_\_  
Primary Phone # : \_\_\_\_\_  
Alternative Phone # : \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Social Security # : \_\_\_\_\_  
Primary Phone # : \_\_\_\_\_  
Alternative Phone # : \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Social Security # : \_\_\_\_\_  
Primary Phone # : \_\_\_\_\_  
Alternative Phone # : \_\_\_\_\_  
Email Address: \_\_\_\_\_

**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: \_\_\_\_\_

*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 question: \_\_\_\_\_

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

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

Checking / MMA \_\_\_\_\_  
Savings \_\_\_\_\_  
Certificates \_\_\_\_\_  
Loans \_\_\_\_\_

- Safety Deposit Box
- Online Banking
- Stockholder
- Bill Pay
- Debit / ATM Card

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

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

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

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