

Customer Information File Maintenance

Customer Contact Information:

Customer Name		SS/TIN	
Tax Document Address		<input type="checkbox"/> Same as below	Port Number(s)
Physical Address			<input type="checkbox"/> No Change
City, State ZIP			<input type="checkbox"/> No Change
Mailing Address			<input type="checkbox"/> No Change
City, State ZIP			<input type="checkbox"/> No Change
Phone (Home / Work / Cell)			<input type="checkbox"/> No Change
(h) / (w) / (c)			
(email address)			<input type="checkbox"/> No Change
Account Number	Account Type	Account Number	Account Type
Account number	Account Type	Account Number	Account Type
Account Number	Account Type	Account Number	Account type

Do you use BillPay? Y / N If yes, should BillPay check address be changed? Y / N
Is There Anyone Else Affected by This Address Change? (I.E. Spouse/Child)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Account(s)
	Name	Account(s)

Any other Additions/Changes? (Spelling Correction/Date of Birth/TIN's)

Name
Addition/Correction/Change

Information Received:

<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	<p><u>To be completed by Deposit Ops:</u></p> <p>Letter sent to customer's old address? <input type="checkbox"/> _____</p> <p>_____</p> <p>Letter sent to customer's new address? <input type="checkbox"/> (Listed Above)</p> <p>Port _____ Deposit Accounts _____ Online Banking _____</p> <p>BillPay _____ Loans _____ Loan Department Initials _____</p>
Customer Signature **signature required if in person**	

Yes No - Debit Card ordered in past 30 days? If yes, method of identification: _____

Information Taken By:

Bank Employee Name	Date
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Verified By:

Identification Type 1:	
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