

CUSTOMER INFORMATION CHANGE REQUEST

Rec'd by (banker):
Branch:

COMPLETE ONE FORM PER PERSON OR BUSINESS. A FORM MUST BE COMPLETED FOR EACH PERSON/BUSINESS WHOSE INFORMATION IS TO BE CHANGED.

Date of Request : _____ Effective Date of Change: _____

Customer Name or Business Name: _____

Social Security # (SSN) or Employer Identification # (EIN) of the Customer/Business: _____

If not the person named above, or if the above is a business name, then name of person requesting change & capacity/authority to make this change:

Requestor Name: _____ Capacity/Authority: _____

ADDRESS CHANGE – CHECK THE APPROPRIATE BOX(ES) AND COMPLETE ALL INFORMATION FOR THAT SECTION

NOTE: WHEN CHANGING ANY ADDRESS, ALSO VERIFY WITH THE CUSTOMER THAT THE ALTERNATE ADDRESS ON THE ATM/DEBIT CARD IS VALID

PERMANENT ADDRESS CHANGE

(Street)

(City, State, Zip)

ALTERNATE ADDRESS

Note: Alternate Address should be used if all mailed items for an account are to be sent to an address different from the Permanent Address – please identify applicable accounts below.

Add/ Change Alternate Address to: _____

Name: _____

Address: _____

(Street)

(City, State, Zip)

Set Alternate Address on the following accts: # #
#

STATEMENT ADDRESS

Note: A Statement Address should be used if statements for a checking or savings account are to be mailed to an address different from the Permanent Address – please identify applicable accounts below; statement addresses do not apply if checking/savings acct is set for e-statement delivery; also, statement addresses are not available for loan accts.

Should a Statement be sent to the below address in addition to the one sent to the permanent address?

Yes No

Add/ Change Statement Address to: _____

Name: _____

Address: _____

(Street)

(City, State, Zip)

Set Statement Address on the following accts: # #
#

SEASONAL ADDRESS

Note: A Seasonal Address should be used if all mailed items are to be sent to an address different from the Permanent Address for a specified period of time.

Add/ Change Seasonal Address to: _____

Name: _____

Address: _____

(Street)

(City, State, Zip)

Seasonal Start Date: _____ Seasonal End Date: _____

Apply same seasonal Start/End dates each year? Yes No

CD OR IRA INTEREST CHECK ADDRESS

Note: This should be used if a CD or IRA interest check s/b mailed to an address different from the Permanent Address – please identify applicable CD or IRA accounts below.

Add/Change CD or IRA Interest Check Address to:

Name:

Address:

(Street)

(City, State, Zip)

This address applies to the following CDs/IRAs:

#

#

#

#

PHONE NUMBERS—PLEASE PROVIDE ALL CURRENT PHONE NUMBERS

Home:

Cell:

Business:

Business Cell:

EMAIL ADDRESSES—PLEASE PROVIDE CURRENT EMAIL ADDRESSES

Primary Email:

Other Email:

PASSWORD

IF A CURRENT PASSWORD IS NOT IN PLACE OR NEEDS TO BE CHANGED, CHECK THE BOX & PROVIDE PASSWORD BELOW

Update Password (Inquiry ID Code):

Note: This is the code used for ID purposes if calling the bank to obtain account information

CUSTOMER SIGNATURE:

Date:

CUSTOMERS CAN RETURN SIGNED FORM:

Mail to:

ANCHOR BANK, N.A.
ATTN: DEPOSIT ADMINISTRATION
14665 GALAXIE AVE, SUITE 330
APPLE VALLEY, MN 55124

Fax to:

ANCHOR BANK, N.A. – DEPOSIT ADMINISTRATION
(952) 808-8019

THIS SECTION IS FOR BANK USE ONLY

Branch Staff: Email or fax form to Deposit Administration

Deposit Administration Staff:

Maintenance Completed by:

Date:

REMINDER: For address changes, check for “p” in the acct level Mailing Instructions field for each acct under the CIF and remove where applicable.