

**CUSTOMER INFORMATION CHANGE REQUEST**

Employee:

Date of Request :  Effective Date of Change:

Customer/Business Name:

Social Security # (SSN)/Employer Identification # (EIN):

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

Requestor Name:  Capacity/Authority:

**PERMANENT ADDRESS**  Change  Remove

Address:      
(Street) (City) (State) (Zip)

**ALTERNATE ADDRESS**  Change  Remove

Name:   
 Address:      
(Street) (City) (State) (Zip)

Set on the following accounts:

**STATEMENT ADDRESS**  Change  Remove

Send a Statement to the below address in addition to the one sent to the Permanent Address?  Yes  No

Name:   
 Address:      
(Street) (City) (State) (Zip)

Set on the following accounts:

**SEASONAL ADDRESS**  Change  Remove

Name:   
 Address:      
(Street) (City) (State) (Zip)

Start Date:  End Date:   
 Apply same Seasonal Start/End dates annually until canceled?  Yes  No

**CD OR IRA INTEREST CHECK ADDRESS**  Change  Remove

Name:   
 Address:      
(Street) (City) (State) (Zip)

Address applies to the following CD/IRA:

**EMAIL ADDRESS**  Change  Remove

Primary:  Other:

**PHONE NUMBER**  Change  Remove

Home Cell Phone:  Home Phone:   
 Business Cell Phone:  Business Phone:

**PASSWORD (Inquiry Code)**  Change  Remove

Password:

CUSTOMER SIGNATURE:  Date:

<b>CUSTOMERS CAN RETURN SIGNED FORM:</b>		
Mail to:	Anchor Bank, N.A. 14665 Galaxie Ave., Ste. 330 Apple Valley, MN 55124	For Internal Use Only: <i>Email completed form to Customer Information Change Requests email box</i>