

**CUSTOMER INFORMATION CHANGE REQUEST**

**Employee:** [Redacted]

**Date of Request :** [Redacted] **Effective Date of Change:** [Redacted]

**Customer/Business Name:** [Redacted]

**Social Security # (SSN)/Employer Identification # (EIN):** [Redacted]

*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:** [Redacted] **Capacity/Authority:** [Redacted]

**PERMANENT ADDRESS**  Change  Remove

**Address:** [Redacted] [Redacted] [Redacted] [Redacted]  
(Street) (City) (State) (Zip)

**ALTERNATE ADDRESS**  Change  Remove

**Name:** [Redacted]  
**Address:** [Redacted] [Redacted] [Redacted] [Redacted]  
(Street) (City) (State) (Zip)

**Set on the following accounts:** [Redacted] [Redacted] [Redacted]

**STATEMENT ADDRESS**  Change  Remove

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

**Name:** [Redacted]  
**Address:** [Redacted] [Redacted] [Redacted] [Redacted]  
(Street) (City) (State) (Zip)

**Set on the following accounts:** [Redacted] [Redacted] [Redacted]

**SEASONAL ADDRESS**  Change  Remove

**Name:** [Redacted]  
**Address:** [Redacted] [Redacted] [Redacted] [Redacted]  
(Street) (City) (State) (Zip)

**Start Date:** [Redacted] **End Date:** [Redacted]  
**Apply same Seasonal Start/End dates annually until canceled?**  Yes  No

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

**Name:** [Redacted]  
**Address:** [Redacted] [Redacted] [Redacted] [Redacted]  
(Street) (City) (State) (Zip)

**Address applies to the following CD/IRA:** [Redacted]

**EMAIL ADDRESS**  Change  Remove

**Primary:** [Redacted] **Other:** [Redacted]

**PHONE NUMBER**  Change  Remove

**Home Cell Phone:** [Redacted] **Home Phone:** [Redacted]  
**Business Cell Phone:** [Redacted] **Business Phone:** [Redacted]

**PASSWORD (Inquiry Code)**  Change  Remove

**Password:** [Redacted]

**CUSTOMER SIGNATURE:** [Redacted] **Date:** [Redacted]

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