



# Contact Information Change Request

Please complete this form in its entirety.

Submit completed form in person, by mail or by fax to your local InterBank branch location.

Bank phone/fax numbers and mailing addresses are available at [www.interbank.com](http://www.interbank.com).

\*\*\* To prevent Identity Theft, do not email forms to the bank using unsecured e-mail.

\*\*\* If change request affects joint accounts holders, each individual must complete a separate Contact Information Change Request.

Account Holder Legal Name: (Contact your local InterBank location if a name change is required)

Individual: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
- OR -  
Business: \_\_\_\_\_

Complete all applicable fields below:

Effective Date of Change: \_\_\_\_\_ Is the address change below a temporary change? Yes No  
If yes, when should the previous address be reinstated? \_\_\_\_\_

Physical Address: (Patriot Act Requirement)

Existing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Mailing Address If Different From Physical Address:

Existing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate Mailing Address (For Specific Accounts Listed Below)

Existing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List account type and number for accounts requiring alternate mailing address: (Ex: Checking 12345, Loan 54321)

\_\_\_\_\_  
\_\_\_\_\_

Contact Information: (Complete all areas in this section. Only complete "New" fields if changing phone numbers or e-mail address)

Phone Home Existing \_\_\_\_\_ New \_\_\_\_\_  
Cell Existing \_\_\_\_\_ New \_\_\_\_\_  
Work Existing \_\_\_\_\_ New \_\_\_\_\_

E-mail Existing \_\_\_\_\_  
New \_\_\_\_\_

Driver's License / Legal ID Type of ID \_\_\_\_\_ Number: \_\_\_\_\_ State: \_\_\_\_\_  
Issue Date \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_ Occupation: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
For business account changes, signature must be from the account owner or joint owner.

<b>For Bank Use Only</b>		Method Received: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Secure Message / Email			
Change Request Form Provided for Secondary Account Holder?		<input type="checkbox"/> Not Applicable		<input type="checkbox"/> Yes	
If Yes, Provide Secondary Account Names: _____					
Verification If Not Received In Person:		<input type="checkbox"/> Called Phone Number on Record.			
CALL BACK REQUIRED		<input type="checkbox"/> Called Phone Number Provided on CICR			
		Call Back Verification Methods: 1. _____ 2. _____			
Customer Signature Verified - REQUIRED <input type="checkbox"/>		See bank procedures for approved call-back verification methods.			
Received By (print name) _____		Employee Signature _____		Date _____	
BPM Input By (print name) _____		Employee Signature _____		Date _____	
IB Form 11.16.16		Customer Signature Verified Prior to Input			