

**Customer Information File (CIF)
Maintenance Request Form**

___ **ADDRESS CHANGE**

___ **REQUEST HOLD MAIL** - Hold at what location? _____

___ **NAME CHANGE** - Need new signature card, refer to FSR (review marriage license/drivers license)

Please complete the following information:

Account Name _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Address - if different than mailing address _____

Social Security _____ Date of Birth _____

Home Phone _____ Bus. Phone _____

Employer _____ Occupation _____

Previous Address _____

Please list any other owners/signers/accounts that will be affected by this change of address

Names: _____

Please change all of my accounts to the address listed above.

Please change the following accounts to the address listed above.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Customer's Signature

Date

<p><u>Employee Receiving Request:</u></p> <p>Initial & Date _____</p> <p>List CIF #(s) _____</p> <p>_____</p> <p>_____</p>	<p><u>Deposit Support Use:</u></p> <p>Initial & Date _____</p> <p><input type="checkbox"/> _____ CRA Geographical Code Changed to _____</p> <p><input type="checkbox"/> _____ Trust Customer, Y or N - Notified via _____</p> <p><input type="checkbox"/> _____ VISA Customer, Y or N - Notified via _____</p>
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