

## ACCOUNT MAINTENANCE REQUEST

Date  Branch  Port Number(s)

Customer(s) Name

Account type/number (s) DDA SAV

COD SDB LOAN

DEBIT/ ATM/ VISA CARD

Description of Change

☐ Address Changes Effective Date:

Previous Address:  Street address/ P.O. Box  City, State  Zip code

Updated Address:  Street address/ P.O. Box  City, State  Zip code

Phone # ( ) - Phone # ( ) - Phone # ( ) -

☐ Service Charge Waiver

☐ Tie to SAV # ☐ Tie to COD # ☐ Employee

☐ Minor/Birthday  month / day / year ☐ Senior Citizen/Birthday  month / day / year

☐ Other ☐ Student/Graduation Date  month / day / year

Customer Signature  Date

Employee Initiating Change  Date

**\*\*ITEMS ENCLOSED IN BOX MUST BE FILLED IN FOR REQUEST TO BE PROCESSED\*\***

Employee Performing Maintenance Date Employee verifying change Date