CUSTOMER INFORMATION CHANGE REQUEST

NAME: _____

TYPE OF CHANGE: (check all that apply)

Address Change	Phone/Work phone change	Ownership or Name Change	Social Security Number Change	Other _____

NEW INFORMATION:

_____

_____

ACCOUNT NUMBER (S) AFFECTED _____

_____

_____

DEBIT CARD OR ATM CARD NUMBER _____

NOTIFICATION BY:

CUSTOMER SIGNATURE: _____

DATE: _____

EMPLOYEE SIGNATURE: _____

Please print form, sign, and fax to The Peoples Community Bank at 608-795-2133