

# CUSTOMER INFORMATION CHANGE

Please complete this form, sign, and return to:  
 Banklowa, PO Box 229, Independence, IA 50644

Customer name(s) 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

**Customer  
 name change  
 requires new  
 sig card**

Customer new address Street \_\_\_\_\_  
 PO Box \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

Customer new phone # Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

Customer new e-mail \_\_\_\_\_

New Customer employer \_\_\_\_\_

Customer birthdate \_\_\_\_\_

New alternate address (seasonal, etc.) \_\_\_\_\_  
 \_\_\_\_\_

Accounts for which to use the alternate address: \_\_\_\_\_  
 \_\_\_\_\_

Dates for alternate address: \_\_\_\_\_

Customer signature \_\_\_\_\_ Date \_\_\_\_\_

## BANK USE ONLY

|                        |            |
|------------------------|------------|
| Info received by _____ | Date _____ |
| Info entered by _____  | Date _____ |
| Info checked by _____  | Date _____ |

After review, all forms should be forwarded to BK for changes to Online Bkg & Bill Pay.

|                   |       |     |       |
|-------------------|-------|-----|-------|
| Harland Clarke    | _____ | N/A | _____ |
| S1-online banking | _____ | N/A | _____ |
| Bill Pay          | _____ | N/A | _____ |
| Investment        | _____ | N/A | _____ |
| Trust             | _____ | N/A | _____ |

**If you receive this signed form for a customer with "No Address" forward it to BK so held mail can be forwarded.**