

409 Silverside Road, Suite 105
 Wilmington, DE 19809
 P: 800.650.5904
 F: 302.791.5680
 www.advisorbank.com

I request that the Bank update my account(s) listed below with the following contact information. I understand that I may be requested to provide additional information as proof of the change(s).

For a name change, the Bank will require proof of identity (copy of a valid driver's license, passport, state-issued ID or military ID) and documentation of the legal name change (copy of a marriage certificate, divorce decree, court order or other government-issued certification).

This form may only be used to update the contact information for existing Authorized Signers; it may not be used to add or remove signers.

Please note: The individual signing this form must be an Authorized Signer on each of the accounts listed.

Please complete the entire form (Parts 1-5).

PART 1: Account Information

Account Number:											Account Title:
Account Number:											Account Title:
Account Number:											Account Title:

PART 2: Old Contact Information (to be removed from account(s))

Authorized Signer First Name:		MI:	Last Name:	
Mailing Address:				Apt. #:
City:			State:	Zip:
Street Address: (required if mailing address is to a P.O. Box)				
City:			State:	Zip:
Home Phone:		Work Phone: (and extension)		Mobile Phone:
Email:				

PART 3: New Contact Information (to be added to account(s))

Authorized Signer First Name:		MI:	Last Name:	
Mailing Address:				Apt. #:
City:			State:	Zip:
Street Address: (required if mailing address is to a P.O. Box)				
City:			State:	Zip:
Home Phone:		Work Phone: (and extension)		Mobile Phone:
Email:				

PART 4: Checks and Debit/ATM Card – Reorder

<input type="checkbox"/>	Please order new checks reflecting my new contact information, in the same style as my last check order. I understand that the affected account(s) will be charged accordingly.
<input type="checkbox"/>	<i>For name change only:</i> Please order a new debit/ATM card reflecting my new name. I understand that the affected account(s) will be charged accordingly.

PART 5: Signature – Required

The individual signing below must be an Authorized Signer on each of the accounts listed in Part 1.

Signature of Authorized Signer:	
Print Name:	Date: (mm/dd/yyyy)

Allow three business days for the change(s) to become effective.

Please **mail or fax** this completed form to: Advisor Bank, Attn: Account Maintenance
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