

I request that The Bancorp Bank (Bank) update the contact information on my account(s) listed below. 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 name or contact information for existing Authorized Signers; it may not be used to add or remove signers.

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: Current Contact Information

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 Name/Contact Information

Check all boxes that apply: <input type="checkbox"/> Name Change <input type="checkbox"/> Contact Information Change						
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:						

**Request to Change Name
or Contact Information**

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PART 4: Checks and Debit/ATM Card – Reorder

<input type="checkbox"/>	Please order new checks reflecting my new name and/or contact information, in the same style as my last check order. I understand that the affected account(s) may be charged in accordance with the Schedule of Fees associated with the account(s). Account Number: _____ New Check Starting Number: _____
<input type="checkbox"/>	<i>For name change only:</i> Please order a new debit/ATM card(s) reflecting my new name. I understand that the affected account(s) may be charged in accordance with the Schedule of Fees associated with the account(s).

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 up to five business days for the change(s) to become effective.
Checks and/or debt/ATM card(s) typically arrive within 7-14 business days.*

Please **mail or fax** this completed form to: Advisor Bank, Attn: Account Maintenance
409 Silverside Road, Suite 105, Wilmington, DE 19809 • Fax: 302.791.5680