



Customer Information Change Form

To update your address or contact information, complete the form below. A separate form must be completed for each customer.

1 Tell us about you

Customer Name: _____

2 What is changing?

☐ Address

Old Address

Address: _____

City: _____ State: _____ Zip: _____

New Address

Address: _____

City: _____ State: _____ Zip: _____

Choose which address type is changing: _____

☐ Contact Information

Type of Change: _____ Contact Information: _____

Type of Change: _____ Contact Information: _____

Type of Change: _____ Contact Information: _____

☐ Name Change

Former Name: _____

New Name: _____

3 What accounts are affected?

☐ All Accounts

☐ Only the following: _____

Do you have a Debit or Credit Card? _____

4 Authorization

Signature: _____ Date: _____

For Internal Use Only. Send all Customer Information Change Forms to the Receptionist Desk and plasticcards@genoabank.com upon completion.

Change Completed by: _____ Date: _____ Quality Control by: _____ Date: _____



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Taking your banking needs personally.