



**1ST SECURITY BANK**

Of Washington

P.O. Box 97000, Lynnwood, WA 98046

Toll Free: 800-683-0973

**Account Status Change Form**

<b>Accountholder Name:</b> _____	<b>Last 4 Digits of SSN:</b> ____ _
<b>Date Requested:</b> _____	

**CHANGE Address, Phone Number, and/or E-Mail on all accounts**

NEW Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

NEW Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)

NEW Home Phone: \_\_\_\_\_ NEW Work Phone: \_\_\_\_\_

NEW E-Mail Address: \_\_\_\_\_

**CHANGE Name on all accounts**

In order to process a name change request, the accountholder must provide copies of legal documentation of the name change (e.g., marriage license, divorce decree, or court order) as well as valid picture ID verifying the new name.

A new Account Application and Signature Card must be completed and signed by all accountholders

Former Name: \_\_\_\_\_ New Name: \_\_\_\_\_

Reason for Name Change: \_\_\_\_\_

Description of Legal Documentation Provided: \_\_\_\_\_

***I authorize the above changes/additions/deletions to/from my account(s).***

\* \_\_\_\_\_  
Accountholder Signature

\_\_\_\_\_   
Valid Picture ID #

**FOR BANK USE**

Request Received By:  In Person  Mail (attached)  Fax (attached) Account Holder SSN# \_\_\_\_\_

Notified:  EquityLine VISA – Loan Servicing  IRA – Deposit Operations  
 Bill Pay, Online Banking, or Online Statements - Business Services

ID/MMN/Codeword/Security Questions Verified: Y \_\_\_ N \_\_\_ Detail of Verification Provided \_\_\_\_\_

Confirm Mail Code is correct  Address Change Flag Activated  Remove Restriction  Person Level  Account Level

Employee Completing Change Initials: \_\_\_\_\_ Branch: \_\_\_\_\_ Date Changed: \_\_\_\_\_

Audit Initials: \_\_\_\_\_ Date Audited: \_\_\_\_\_