1ST SECURITY BANK

Contact Information Change Request

P.O. Box 97000
Lynnwood, WA 98046
800.683.0973

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

Customer or Organization Name: _____ **Date Requested:** _____

Request made by: (Select One) ☐ In Person ☐In Writing* ☐ DocuSign ☐ Phone*

***Phone Requests - Customer authorizes the above changes to their contact information.**
***Verify two static verification questions and one transactional for phone requests:**

Static Verifications (check two)
- ☐ Mother's Maiden Name
- ☐ City and State of Birth
- ☐ DL # and State of Issuance
- ☐ Code Word
- ☐ Password Hints
- ☐ Joint Owner's Birthdate

Transactional REQUIRED (One of last 5 transactions)
Transaction Type: _____
Transaction Amount: _____

***In Writing Verification Attached document contains:**
- ☐ Customer's name
- ☐ Customer's permissions to make change
- ☐ Revised information
- ☐ Customer's signature validated to records in Epicor

Street Address (Physical):
(Select One): ☐ Add ☐ Remove ☐ALT
_____
_____
_____

Mailing Address: (If different than street address)
(Select One): ☐ Add ☐Remove
_____
_____
_____

Phone: _____
(Select One): ☐ Cell ☐ Home ☐ Work
(Select One): ☐ Add ☐ Remove

E-Mail Address: _____
(Select One): ☐ Personal ☐ Work
(Select One): ☐ Add ☐ Remove

Phone: _____
(Select One): ☐ Cell ☐ Home ☐ Work
(Select One): ☐ Add ☐ Remove

Notes
_____
_____

_____
Customer's Signature (For in person or DocuSign requests)

FOR BANK USE ONLY
(Check as applicable or NA)

- ☐ SSN/EIN# _____
- ☐ **In Person** Signature above and Valid ID# _____
- ☐ **In Writing** Signature Verified in DNA or Epicor and attached
- ☐ **DocuSign** Certificate of Completion scanned to Epicor
- ☐ Person Level **Return Restriction Removed**
- ☐ Organization Level **Return Restriction Removed**
- ☐ Updated Mail Code in Account Maintenance on all applicable accts to 'Regular Mailings'
- ☐ Person Level Recent Address/Phone/Email **Change Restriction(s) Added**
- ☐ Organization Level Recent Address/Phone/Email **Change Restriction(s) Added**

Employee Completing Change: **2nd Employee Audit:**

Initials: _____ Branch: _____ Date Changed: _____ Initials: _____ Date: _____