Business Account Update Form

Section A – Accountholder New Personal Information *(New Signature Card required for Name/SSN change)*

Current Accountholder Name _____

New Name of Accountholder _____

Email Address _____

Tax ID Number _____ Work Phone _____ Cell Phone _____

Current Physical Address _____
Street City State Zip Code

New Physical Address _____
Street City State Zip Code

Current Mailing Address _____
Street/PO Box City State Zip Code

New Mailing Address _____
Street/PO Box City State Zip Code

Does the customer have/use any of the following:

☐ Bill Pay ☐ Farmers Bank Stock ☐ Loans

Send Email to Appropriate Department Per Address Change Procedure

Section B – Account Type

Change Account Number _____ From _____ To _____
Type Type

Section C – Add a Name/Authorized Signer *(New Signature Card required)*

Name: Account Number(s) Affected _____

1. _____ SS#_____ ☐ ADD Relationship _____ ☐ REMOVE
2. _____ SS#_____ ☐ ADD Relationship _____ ☐ REMOVE
3. _____ SS#_____ ☐ ADD Relationship _____ ☐ REMOVE
4. _____ SS#_____ ☐ ADD Relationship _____ ☐ REMOVE
5. _____ SS#_____ ☐ ADD Relationship _____ ☐ REMOVE

Section D – Beneficial Ownership/Control Person Information – Change in Precision

Name	Relationship	Percent of Ownership	Role
	☐ Beneficial Owner ☐ Control Person		
	☐ Beneficial Owner ☐ Control Person		
	☐ Beneficial Owner ☐ Control Person		
	☐ Beneficial Owner ☐ Control Person		

Additional Instructions

_____

Customer Signature _____ **Date:** _____

BANK USE ONLY ☐ Requested By Customer ☐ Loans Only Request Received ☐ In Person ☐ By Mail ☐ Phone

Employee Receiving Request _____ Date: _____

Employee Making Change _____ Date: _____