Consumer Account Update Form

The FARMERS BANK of APPOMATTOX

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

Current Accountholder Name _____

New Name of Accountholder _____

Email Address _____

Social Security Number _____ Date of Birth _____

Home Phone _____ Work Phone _____ Cell Phone _____

Driver's License Information: State _____ Number _____ Issue Date _____ Exp Date _____

Employer _____ Occupation _____ Mother Maiden Name _____

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 ☐ IRA ☐ 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 or Remove a Name/Authorized Signer/Payable on Death/Fiduciary *(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

Additional Instructions

_____

_____

Customer Signature _____ **Date:** _____

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

Employee Receiving Request Signature _____ Date: _____

Employee Making Change Signature _____ Date: _____