



Name Change Request Form

Current Name: _____

Previous Name: _____

Verifying Document: _____

Is the Verifying Document Attached: Yes No, why: _____

- Shazam Debit Card Holder: Yes No
- VISA Credit Card Holder: Yes No
- Online Banking User: Yes No
- BillPay User: Yes No

Account Number(s):

Checking: _____

Savings: _____

Loan: _____

CD: _____

IRA: _____

Safe Deposit Box: _____

Signature

Date

Please return this completed Form to your local Citizens Alliance Bank.

For Office Use Only:

- Updated in Sparak _____ Date _____ Initials
 - CIF CAV All Account Applications
- Updated VISA _____ Date _____ Initials
- Updated SHAZAM _____ Date _____ Initials
- Updated CST _____ Date _____ Initials
- Updated IRA Sub-plan _____ Date _____ Initials
- Updated Harland Clarke _____ Date _____ Initials