

CIF MAINTENANCE FORM

**USE ONLY ONE FORM PER CUSTOMER

FirstAmerican



BANK & TRUST

Forward to the Bookkeeping Department

CUSTOMER NAME: _____	CIF NUMBER: _____	Change all accounts attached to CIF#? Y/N
Alternate Name: _____	CIF Number: _____	Change all accounts attached to CIF#? Y/N
Alternate Name: _____	CIF Number: _____	Change all accounts attached to CIF#? Y/N
Alternate Name: _____	CIF Number: _____	Change all accounts attached to CIF#? Y/N

If "NO" please list all accounts that apply:

Checking _____	SD Box _____	Loan _____
_____	_____	_____
Savings _____	CD/IRA _____	
_____	_____	

CHANGE OF ADDRESS

NEW ADDRESS: _____	PHYSICAL ADDRESS: _____
_____	_____
_____	_____

If address is a PO Box, a physical address is required for CIF records

DUPLICATE STATEMENT ADDRESS? ADD/DELETE **STATEMENT TEMPORARY ADDRESS? ADD/DELETE** **EFFECTIVE** _____ **TO** _____

MESSAGES OR ALERT MESSAGES

ADD/UPDATE/DELETE

Message: _____ Expiration Date: _____

MISCELLANEOUS CIF CHANGES

ADD/UPDATE/DELETE

EMAIL ADDRESS: _____

ALTERNATE EMAIL ADDRESS: _____

HOME PHONE: _____	BIRTH DATE: _____
WORK PHONE: _____	BRANCH #: _____
CELL PHONE: _____	PRIMARY OFFICER: _____
FAX NUMBER: _____	SECONDARY OFFICER: _____
EMPLOYER: _____	OCCUPATION: _____

CUSTOMER DECEASED: _____ DATE DECEASED: _____

IDENTIFICATION FOR CIF VERIFICATION

ADD/UPDATE/DELETE

MOTHER'S MAIDEN NAME: _____ BIRTH CITY & STATE: _____

TYPE OF PICTURE ID: _____ ID #: _____ ISSUE DATE: _____ EXPIRATION DATE: _____

I verify that all information listed above is true and correct.

_____ CUSTOMER SIGNATURE	_____ DATE	_____ EMPLOYEE NAME - PLEASE PRINT	_____ INITIAL	_____ DATE
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If information is obtained by phone, check the two methods of required customer identification verification below.

_____ DATE OF BIRTH _____ MOTHER'S MAIDEN NAME _____ BIRTH CITY & STATE _____ SSN _____ PICTURE ID _____ ADDRESS