



# TheFirst

A NATIONAL BANKING ASSOCIATION

CIF MAINTENANCE REQUEST FORM

DATE: \_\_\_\_\_ EMPLOYEE: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

CIF # \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

DESCRIBE CHANGE: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

**A "CHANGE OF ADDRESS" REQUEST WILL ONLY AFFECT ACCOUNTS WHERE THE CUSTOMER IS PRIMARY, UNLESS SPECIFIED BELOW.**

**WILL THIS AFFECT ALL ACCOUNTS FOR WHICH YOU ARE THE PRIMARY ACCOUNT HOLDER?**

\_\_\_\_\_ YES \_\_\_\_\_ NO

*IF NO, LIST THE SPECIFIC ACCOUNTS ON WHICH YOU ARE THE PRIMARY ACCOUNT HOLDER FOR WHICH YOU WANT THE CHANGE MADE:*

\_\_\_\_\_  
*(Note to CSR: From CIF Maintenance Menu choose Alternate Address Maintenance.)*

**WILL THIS AFFECT ACCOUNTS THAT YOU ARE A CO-OWNER ON BUT ARE NOT THE PRIMARY ACCOUNT HOLDER?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**IF YES, ALL ACCOUNT HOLDERS MUST SIGN:** LIST THE SPECIFIC ACCOUNT ON WHICH YOU ARE A CO-OWNER BUT NOT THE PRIMARY ACCOUNT HOLDER FOR WHICH YOU WANT THE CHANGE MADE:

\_\_\_\_\_  
*(Note to CSR: From CIF Maintenance Menu choose Alternate Address Maintenance.)*

**FOR ADDRESS AND PHONE # CHANGE ONLY:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If address is a PO Box need physical address: \_\_\_\_\_  
\_\_\_\_\_