

Dear Account Holder:

Due to government regulation, this form is being sent to protect your privacy and to prevent identity theft. To ensure the information that we have received is correct, **please complete, sign and return.**

Customer Information

	Your Information	Spouse's Information
Name	<input type="text"/>	<input type="text"/>
Home Phone	<input type="text"/>	<input type="text"/>
Business Phone	<input type="text"/>	<input type="text"/>
Cell Phone	<input type="text"/>	<input type="text"/>
e-mail	<input type="text"/>	<input type="text"/>
Business e-mail	<input type="text"/>	<input type="text"/>
Employer	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>

Other Household Members

Address Information

	New Address	Former Address
Street	<input type="text"/>	<input type="text"/>
City State Zip+4	<input type="text"/>	<input type="text"/>

eStatement Enrollment

Online banking access is required - Electronic e-mail address

- Statements – Checking, Savings, Loans
- Statements & Notices – Checking, Savings, Certificates, Loans, Home Equity Loans
(Not all accounts generate statements / some notices cannot be delivered electronically)

I authorize Minster Bank to change my address, information, and provide online banking as needed for eStatements.

Customer Signature _____ **Date** _____

Please return, mail or fax form to:

Minster Bank
 95 W Fourth St PO Box 90 Minster OH 45865-0090
 Fax 419-501-1189

Internal Use Only – Route to the following if needed

Department	Account	Change Needed	Date Changed	Initials
Operations	Visa Check Card	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trust	TRST/PV-Full Sv Brok	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Secretary	STK	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New Accounts MN	CDARS / BROK	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Branch Office	Navigator	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Call Center	Online Banking	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Created	MB Rep	Port #	Verified Zip + 4 <input type="checkbox"/>	Delivery Point
List account numbers for Electronic Delivery				