



ACCOUNT MAINTENANCE FORM

Name _____ Date _____

Account Number _____

Select ALL changes to be made to the accounts list above and indicate what it is changing FROM and changing TO:

Mark X Below		OLD INFORMATION CHANGING FROM	NEW INFORMATION CHANGING TO
	NAME CHANGE		
	PHONE NUMBER		
	BENEFICIARY		
	EMAIL ADDRESS		
	SOCIAL SECURITY #		
	HOME ADDRESS		
	MAILING ADDRESS		
	SEASONAL ADDRESS		

Complete this section below if you want to set up a SWEEP ACCOUNT

<p>OVERDRAFT COVERAGE (SWEEP ACCOUNT)</p> <p>OVERDRAFT ACCOUNT # _____</p> <p>ACCOUNT # BEING COVERED _____</p>	<p>Note:</p> <p>If the account being covered fall below a zero balance, the overdraft account will be debited in \$100 increments. A \$5.00 fee is charged to the account being covered each time there is an overdraft transfer.</p>
---	---

Additional Changes or comments:

Customer Signature

Personal Banker

Customer Contact Number

Officer Signature

Date

Signature of Person Completing Maintenance

Once the form is completed and signed, please fax this form to your branch of account:

Norcross	Old Peachtree Rd	Lawrenceville	Dunwoody
770-246-0055	678-638-4020	678-736-6260	770-392-0912