

*Print on company letterhead*

## Financial & Risk Management Client Account Information Change Form

Instructions:

1. Print this form on company letterhead
2. Indicate desired changes, using additional pages if needed
3. **Have form signed by an Officer of your institution**
4. Fax completed form to (480) 523-8080 or email to [supportcontactchanges@fiserv.com](mailto:supportcontactchanges@fiserv.com)

**Client Id:** \_\_\_\_\_ **Institution Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Officer Name & Title:** \_\_\_\_\_

**\*Officer Signature (required):** \_\_\_\_\_

**Required Contact Information:**

Add  Delete  Modify

Add Secure Web Access:  Yes  No

Bill to Change  Ship to Change

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Product(s) Affected:** \_\_\_\_\_

**Required Contact Information:**

Add  Delete  Modify

Add Secure Web Access:  Yes  No

Bill to Change  Ship to Change

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Product(s) Affected:** \_\_\_\_\_

**Required Contact Information:**

Add  Delete  Modify

Add Secure Web Access:  Yes  No

Bill to Change  Ship to Change

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Product(s) Affected:** \_\_\_\_\_

*Note:*

- *Institution Name Change: requires an executed contract. Please email [r&c\\_sales\\_operations@fiserv.com](mailto:r&c_sales_operations@fiserv.com) to initiate the process.*
- *Third Party contact addition: requires an executed contract. Please email [supportcontactchanges@fiserv.com](mailto:supportcontactchanges@fiserv.com) to initiate the process.*