



ACCOUNT MAINTENANCE FORM

Name _____ Date _____

Account Number _____

*Select ALL changes to be made to the account(s) listed above.
Indicate CURRENT INFORMATION and NEW INFORMATION*

Mark X Below	CURRENT 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

OVERDRAFT COVERAGE (SWEEP ACCOUNT) OVERDRAFT ACCOUNT # _____ ACCOUNT # BEING COVERED _____	Note: If the account being covered falls 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.
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Additional Changes or comments:

Authorized Customer Signature

Bank Representative Signature

Customer Contact Number

Officer Signature (Bank Use Only)

Date

Signature of Person Completing Maintenance (Bank Use Only)

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

***Peachtree Corners 770-246-0055; Old Peachtree Rd 678-638-4020; Lawrenceville 678-736-6260;
Dunwoody 770-392-0912; Brookhaven 770-391-4138; Forsyth 770-886-6382; Cleveland 706-348-2229;
North Hall 770-983-2275; Jefferson 706-387-7438; Blue Ridge 706-946-2266***