CHANGE REQUEST FORM

For Existing Internet Banking Customers

Please complete the following form to request changes to your Internet Banking Account. After we have received your signed form, we will make the requested changes to your Internet Banking Account. The changes should appear on your account within 5 business days after we have received your request. If you have any questions please contact the Internet Banking Department at (850) 926-7111 or by e-mail to customerservice@wakullabank.com.

Drop this form off at any Wakulla Bank office or mail to Wakulla Bank P.O. Box 610 Crawfordville, FL 32326, Attn: Internet Banking Department. Please note, you may **NOT** fax or email your application.

Please select one or more of the below to make changes to your EXISTING Internet Banking Account.

☐ **Add Bill Pay Service** ☐ **Add Personal Account(s)** ☐ **Add Business Account(s)** ☐ **Cancel Internet Banking Service**

☐ **Delete Bill Pay Service** ☐ **Delete Personal Account(s)** ☐ **Delete Business Accounts**

First Name: _____ **Last Name:** _____ **M.I.:** _____

Business Name (if applicable): _____

Social Security Number (or Tax ID Number): _____

Internet Banking ID:_____

Street Address: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Telephone Number: _____ **Cell Telephone Number:**_____

Work Telephone Number: _____ **Fax:** _____

E-Mail Address: _____

List all account numbers that you wish to add/delete from your Wakulla Bank Internet Banking. You will only have access to accounts in which you are a signer on.

Add or Delete	Account Type	Account Number

I have previously read and agree to the terms and conditions set forth in the INTERNET BANKING AGREEMENT AND DISCLOSURE. I understand that information regarding my Internet Banking Service can only be obtained me. I certify that I am authorized to sign on the accounts listed above.

_____

Signature Date

FOR BANK USE ONLY

Date Received: _____ CIF Number: _____ Internet Banking ID: _____

Approved by: _____ Processed By: _____ Date Processed: _____

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