

CUSTOMER INFORMATION CHANGE FORM

Account Number:		
Member/Customer Na	.me:	
Address:		
City:	State:	Zip:
Phone: ()	<u>-</u>	
I am requesting the fol	lowing changes be made to	my account:
Update name to (first 8	& last):	
Update primary phone	to: ()	
Update mailing addres	s to:	
ADD this person to my	account (first & last name)	:
Relationship to custom	ner:	
Reason for addition:		
REMOVE this person t	o my account (first & last n	ame):
Relationship to custom	ner:	
Reason for removal:		
	reby certify and affirm under the prect and has my consent to b	e penalties of perjury that the above e changed.
Signed:		
Date:/_		
Completed forms can be m	ailed to: RWC, P.O. Box 245, Ran	nsey, Indiana 47166

Completed forms can be **mailed to**: RWC, P.O. Box 245, Ramsey, Indiana 47166 Completed forms can be **dropped off**: RWC, 415 Highway 64 NW, Ramsey, Indiana 47166