



# MARINE BANK

## Customer Information File Update

(Use tab key to complete form online before printing)

Name (1) \_\_\_\_\_ SSN \_\_\_\_\_

Name (2) \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax Phone \_\_\_\_\_

Work Phone (1) \_\_\_\_\_ Work Phone (2) \_\_\_\_\_

Occupation (1) \_\_\_\_\_ Employer (1) \_\_\_\_\_

Occupation (2) \_\_\_\_\_ Employer (2) \_\_\_\_\_

\*Email address (1) \_\_\_\_\_ \*\*Password (1) \_\_\_\_\_

\*Email address (2) \_\_\_\_\_ \*\*Password (2) \_\_\_\_\_

\*For On-Line Banking and e-statement customers      \*\*Passwords are established for your security

Please list additional names below: (Minor Children, D/B/A or Business Accounts, etc)

\_\_\_\_\_  
\_\_\_\_\_

Please update the above information on my Customer Information File at Marine Bank. I have specified below the account(s) I am requesting these changes to:

PLEASE LIST ALL ACCOUNTS NUMBER –

Our staff can assist you if the Account Numbers are not easily accessible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature (1) \_\_\_\_\_ Date \_\_\_\_\_

Signature (2) \_\_\_\_\_ Date \_\_\_\_\_

Please fax the completed form(s) to (217) 547-1352 ~ drop off at any Marine Bank office or mail to:

Marine Bank  
Attn: Deposit Operations  
3050 Wabash Ave  
Springfield IL 62704-6413