

WINTRUST[®]

M O R T G A G E

ADDRESS AND PHONE NUMBER CHANGE FORM

Effective Date: _____

Are you a Wintrust Bank Customer? Yes* No

Reason for Change: _____

If Yes, Bank Name: _____

Account Name(s): _____

*If yes, the form should be submitted to the appropriate bank via the Operations email address.

New Address and Phone Information

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Is this a phone number only change? Yes* No If yes, reason: _____

Former Address and Phone Information

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Account Information

Update ALL accounts with this new address and phone (1) in the name of those individuals who have signed this form and (2) currently utilizing the "former address" information listed above (listed any minor accounts).

Only change the accounts listed below at this time.

See Attached C3 Search for Highlighted Accounts

Checking Account #: _____ Savings/CD Account #: _____ Safe Deposit Box #: _____

ATM/Debit Card #: _____ Loan #: _____ Custodial Account #: _____

Have you completed any wire transfers to or from any of your accounts in the past year? Yes No

Customer Signature: _____ Date: _____

Customer Signature: _____ Date: _____

Customer Signature: _____ Date: _____

BANK USE ONLY:	Change Applied to:	<input type="checkbox"/> CIS & Account	<input type="checkbox"/> Account(s) Only	<input type="checkbox"/> CIS Only
Method:	<input type="checkbox"/> In-Person	<input type="checkbox"/> Mail	<input type="checkbox"/> Phone	<input type="checkbox"/> Online Banking
Maintenance Performed By:	_____	Date:	_____	
Officer's Approval if Exception:	_____	Date:	_____	
If Necessary, Call Back Performed By:	_____	Acct. Maint. Verif. Checklist Attached?	<input type="checkbox"/>	
*If phone number change only, explain how customer verified:	_____			
Maintenance Reviewed By:	_____	Date:	_____	