



Customer/Account Maintenance Form

Date: _____ Request Received By (TRUX employee): _____

Customer Requesting the Change: _____ Signature: _____

Account Title: _____ Account # for Reference: _____

Received Method: In Person Internet Phone Fax Mail E-Mail Other: _____

Customer's Reason for Maintenance Request: _____

CUSTOMER CHANGES

Tax ID Number: _____ Date of Birth: _____

Phone Number:

Home: _____ Work: _____ Cell: _____

Email Address: _____ Mother's Maiden Name: _____

Driver's License:

State Issued: _____ DL #: _____ Issue Date: _____ Exp Date: _____

Employment:

Employer Name: _____ Occupation: _____

ADDRESS CHANGES

Change CIF Information Change Business Address Add Alternate Address **Call-back Verification:**

Completed By: _____

(Must not be the same person who received the request)

Number _____ Street Name _____

City _____ State _____ Zip _____ Country _____

ACCOUNT CHANGES

Officer: _____ PIN Reset: _____ Account Status: _____

Additional Information or OTHER CHANGES: _____

Changes have been made in the following systems (*check all that apply*): Horizon Q2 Billpay Salesforce Xpress E-Delivery

Completed By: _____ **Date:** _____

Checked By: _____ **Date:** _____

e-mail address changes only