CAPITAL BANK

CUSTOMER CHANGE AUTHORIZATION

CUSTOMER INFORMATION CHANGE/CORRECTION
If correcting taxpayer ID #, complete the Back-Up Withholding Certificate below.

Check Box: ☐ Add signer   ☐ Change Name   ☐ Change Address   ☐ Change phone #   ☐ Change birth date   ☐ Change SSN/EIN

<u>CONFIRM THE IDENTITY</u> OF THE PERSON MAKING THE CHANGE REQUEST BEFORE PROCESSING.

List Account Numbers Affected: Staff Initials Confirming ID:_____

Name		Work Phone	
New Address ☐ Mailing ☐ Residence/ Business location		Home Phone	
		Birth Date	
Email		SSN/EIN	

ACCOUNT TYPE CHANGE
If changing to an interest bearing type of account, must complete and sign Back- Up Withholding Certification below

Account Number	Old Account Type	New Account Type

TAX ID DESIGNATION/ADDITION/CORRECTION
Primary Owner's Social Security Number/Tax ID# will be used for tax reporting
Backup withholding certification (below) must be completed when changing the Tax ID# of the primary owner

Account Number	Name	Tax ID #
Primary Owner	Tax ID #	
Secondary Owner	Tax ID #	

MISCELLANEOUS CHANGE

Account Number	Customer Name
Explanation/Request	

I hereby desire and authorize the above change(s)

Signature_____   **Date**_____

BACKUP WITHHOLDING CERTIFICATION

Under penalty of perjury, I certify [check all applicable response(s)]

○ that the number shown on this form is my correct taxpayer identification number. (W-9)

○ that I am not subject to backup withholding either because (a) I am exempt from backup withholding, or (b) I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends or (c) the Internal Revenue Service has notified me that I am no longer subject to back up withholding. (W-9)

○ that I am exempt because of **FOREIGN STATUS** (complete information below). (W-8)
  ○ **INDIVIDUAL** This account is held by an individual or by individuals who are neither citizens nor residents of the United States. I am/We are citizens

of _____ and hold passport number _____ .
  ○ **OTHER THAN INDIVIDUAL** This account is held by a corporation, partnership, estate, trust of other organization which is not organized in the Untied States, is not engaged in trade or business within the boundaries of the United States, and is not subject to United States income tax, on income derived from sources outside the Untied States. In signing this declaration, I further certify under penalties of perjury that I am properly authorized to sign on behalf of the above entity.
CERTIFICATION Under penalties of perjury, I certify that the taxpayer identification number and W-9/W-8 information provided on this form are true, correct and complete.

Signature: **Date:**

AUTOMATIC TRANSFER AUTHORIZATION

I authorize Capital Bank to make the automatic transfer as detailed below. I understand that this transfer authorization will be in effect unless and until I rescind it in writing. If transferring to another Institution, I have attached a voided check from the account of the other Institution I desire to transfer to.

Employee Payroll from:		Start Date:
From Account #:	To Account #	Amount $
Frequency		
	Signature:	**Date:**

BANK USE ONLY

Branch Rep Signature:	Branch Mgr. Signature:	Date:

If any changes to a Bank stockholder's information, must also notify the Bank CFO. (Verify warning at **PORT** level)

FILE ORIGINAL WITH SIGNATURE CARD