

Account Information Change Form

INSTRUCTIONS: Complete this form to change or correct an address, telephone number, e-mail address, name or birthdate. For name changes, you must forward a copy of a marriage certificate or other legal document evidencing the name change. Please print clearly. The form must be signed by the borrower. Submit the completed and signed change form along with any required documentation to FAME, PO Box 949, Augusta, ME 04332-0949 or Fax to 207-623-0095.

| CURRENT INFORMATION | | | |
|---|-------------------|----------------|----------------|
| Account Name (Last name, First) | | DOB | Account Number |
| Home Address (Permanent/Legal) Street | | Apt /Unit | City/State/Zip |
| Mailing Address (If Different) Street/PO Box | | Apt /Unit | City/State/Zip |
| Home Phone Number | Cell Phone Number | E-mail Address | |
| UPDATED ADDRESS, TELEPHONE NUMBER AND/OR EMAIL ADDRESS | | | |
| Home Address (Permanent/Legal) Street | | Apt/Unit | City/State/Zip |
| Mailing Address (If Different) | | Apt/Unit | City/State/Zip |
| Home Phone Number | Cell Phone Number | E-mail Address | |
| UPDATED NAME OR CORRECT DATE OF BIRTH | | | |
| Name Correction: Last, First, MI (Attach copy of marriage license, court papers, or driver's license) | | | |
| Date of Birth Correction: MM/DD/YYYY (Attach copy of birth certificate or driver's license) | | | |
| AUTHORIZATION TO CHANGE ACCOUNT INFORMATION | | | |
| I am submitting a request to change account information and certify that the information provided herein is true and correct. | | | |
| Signature of Borrower | | | Date |