

☐ New York Branch
 1045 Ave. of the Americas
 New York, NY 10018
 Tel: 212-935-3101
 (Member of FDIC)

☐ Queens Branch
 42-35 Main Street
 Flushing, NY 11355
 Tel: 212-925-2355
 (Member of FDIC)

Request for Changing Contact Information

更新联系方式申请表

Customer Information 客户信息	
Customer Name: (名称)	
Account Number: (账户号码)	Customer Number (Optional): (客户号 (非必填))
Change of Contact Information 联系方式更新	
<input type="checkbox"/> 1. Change of Address 更新地址*	
Change Type: <input type="checkbox"/> Current Mailing Address Change 邮寄地址更新 <input type="checkbox"/> Permanent Address Change 永久地址更新 (更新类别) <input type="checkbox"/> Residential Address Change 居住地址更新	
New Mailing Address: (新邮寄地址)	
New Residential Address (if different from Mailing): (新居住地址, 如与邮寄地址不同)	
New Permanent Address (for Non-Resident Alien): (新永久地址, 针对非居民外国人)	
*For a change of address, one of the following proofs of address must be submitted. Kindly select one and submit it along with this request. 如需更改地址, 请提供以下地址证明。请选择一项并随本申请表一并提交。	<input type="checkbox"/> Driver's License with updated address 带最新地址的驾照 <input type="checkbox"/> Utility bill, Paystub or phone bill dated within the last 30 days 最近 30 天内的水电煤账单、工资单/电话账单等 <input type="checkbox"/> Bank statement 银行对账单 <input type="checkbox"/> Others 其他:
<input type="checkbox"/> 2. Change of Phone Number 更新电话	
New Home Number: (新家庭电话)	New Cellphone Number: (新手机号码)
<input type="checkbox"/> 3. Change of Email 更新邮箱	
New Email Address: (新电子邮箱地址)	
Other services 其他服务信息	
Check the applicable products and services: <input type="checkbox"/> Please update the address linked to my debit card 请同步修改关联借记卡的地址 <input type="checkbox"/> Please update the address for the joint account holder (Authorized signatures and proof of address will be required) 请同步修改联名账户持有人的地址(需提供联名账户持有人授权签字及地址证明) <input type="checkbox"/> Other 其他: _____	
By submitting a request to update your address and/or contact information, you acknowledge and agree that the Bank may update all relevant records accordingly. You are solely responsible for ensuring the accuracy and timeliness of the information provided. The Bank shall not be held liable for any loss, delay, or miscommunication arising from inaccurate, incomplete, or outdated information. Valid proof of address will be required to complete the update process. 提交地址或联系方式变更申请, 即表示您确认并同意本行有权相应更新所有相关账户信息。您须自行确保所提供资料的准确性与时效性。如因信息不实、不完整或未及时更新而导致任何损失、延误或信息传递错误, 本行概不承担任何责任。为完成更新流程, 您需提供有效的地址证明。	
Customer Signature(s): (客户姓名及签名)	Date: (日期)

For Bank Use Only 仅供银行内部使用

Request Received through: _____ Date Received: _____ Signature verified and processed by: _____ Reviewed by: _____