



# MOBILE BANKING / INTERNET BANKING AMENDMENT FORM

		RECEIVING BRANCH/OFFICE:	DATE SUBMITTED:
LAST NAME:	FIRST NAME:	MIDDLE NAME:	BIRTH DATE:
EMAIL ADDRESS:		CONTACT NUMBER:	MOBILE NUMBER:

<b>RESET LOCKED USER</b>			
MOBILE BANKING	Mobile No.:	<input type="checkbox"/>	Reset Access
INTERNET BANKING	User Name:	<input type="checkbox"/>	Reset Password

<b>ADD/CHANGE CONTACT DETAILS:</b>			
MOBILE BANKING	New Mobile No.:	<input type="checkbox"/>	Delete Old Mobile No.
INTERNET BANKING	New Mobile No.:	<input type="checkbox"/>	Delete Old Mobile No.
	New Email Address: <span style="float: right;">( To Replace Old Email Address )</span>		

<b>DELETE USER ACCESS:</b>	
MOBILE BANKING	Mobile No.:
INTERNET BANKING	User Name:

**ADD/EDIT/DELETE CARD OR ACCOUNT NUMBER**

Account/Card Number	Type of Account/Card	ENROLLMENT (Y/N)	Allow Debit/Fund Transfer (Y/N)	Delete Account (Y/N)	Remarks (For EQB use only)		
		Mobile	Internet	Mobile	Internet	Mobile	Internet
1 _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We hereby certify that the information given by me/us is true and correct, and that, I/we agree to the terms and conditions governing the use of the Mobile and Internet Banking Service of Equicom Savings Bank, Inc.

\_\_\_\_\_ **Authorized Signatory 1**

\_\_\_\_\_ **Authorized Signatory 2**

PROCESSED/VERIFIED BY/DATE:  _____ Signature over Printed Name	APPROVED BY/DATE:  _____ Signature over Printed Name	ACTIVATED BY/DATE:  _____ Signature over Printed Name
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