

Customer Email Setup Changes Form

Your Information (all fields are required, please type and then print the application)

First and Last Name: _____

Account name(s): _____

Account number(s): _____

Last 4 digits of SSN: _____

Regular Email Address: _____

Telephone number: _____

I want to make changes to (Check Box):

Change my email address

Change From: _____

Change to: _____

Add an additional Email Address: _____

Remove an Email Address: _____

Emailed Statement Frequency

ADMIS can send statements either every business day regardless of account activity, OR, only when there is account activity (Check only one Box)

Receive statement every business Day

OR

Receive statements only when there is account activity

Please send a confirmation to: Regular email New Email(s) Removed email(s)

My Signature Authorizes the above changes. I understand that upon receiving this form, ADMIS will implement the changes within 2 business days.

Signed: _____ Date: _____

Send the Form by mail or fax to:

ADMIS New Accounts Dept, Att: Geri Duffy

Mail: **1600A Board of Trade Building
171 W. Jackson blvd.
Chicago, IL, 60604**

FAX: **(312) 242-7151**

TEL: **(800) 243-2649**

Email: **adm.connect@admis.com**