

CHANGE OF INFORMATION FORM

Please list any changes that have occurred regarding the following executive position of your bank:

CHAIRMAN _____

CHIEF EXECUTIVE OFFICER _____

PRESIDENT _____

VICE PRESIDENT _____

TELEPHONE NUMBER (Bank) _____

MAILING ADDRESS (Bank) _____

E-MAIL (Bank) _____

Will this change affect the designated contact person? Yes No

If yes, include all contact information, i.e., telephone and email address, for change in contact person, branch notification contact, and emergency contact.

Please forward this completed form, only in the event changes have occurred to formsupdate@banking.state.ar.us

Bank Name

City