



## Bank Amendment Form

Office of the Treasurer of Indiana

Effective Date: \_\_\_\_\_

Participant # IN-02-\_\_\_\_\_

### Please Add or Delete the Following Bank Information

Add

Delete

Modify

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
ABA Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
For Further Credit (FFC) Bank Info:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Bank Contact  
(No contact needed if deleting bank)

\_\_\_\_\_  
Phone Number

The above changes have been duly approved by a current Authorized Signer:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**Note:** All completed forms can be sent by email to [clientservices@trustindiana.in.gov](mailto:clientservices@trustindiana.in.gov) or by fax to 888-860-0963.

T 888-860-6242  
F 888-860-0963

[clientservices@trustindiana.in.gov](mailto:clientservices@trustindiana.in.gov)  
[www.trustindiana.in.gov](http://www.trustindiana.in.gov)