

## IHCPU INFORMATION UPDATE FORM

Name: New name: \_\_\_\_\_  
Current/ Former name: \_\_\_\_\_

Address: Current address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Old address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Bank Information: (attach voided check)\*\*\*Only if changing bank information

Circle one: Cancel / Add / Change Circle One: Checking Savings

Bank name: \_\_\_\_\_

Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

Deductions:

Circle one: Cancel / Add / Change

\_\_\_ FDIC Acct (Escrow) \_\_\_ %

\_\_\_ Group Health Policies

Submit all written request to:

IHCPU  
Attn: Accounting Dept  
1395 Dublin Rd  
Columbus, OH 43215  
Fax 614-246-4409