



ACCOUNT INFORMATION UPDATE FORM

NAME: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE:	<input type="checkbox"/> SAVINGS ACCOUNT	<input type="checkbox"/> TIME ACCOUNT	<input type="checkbox"/> LOAN
SOURCE OF FUNDS:	<input type="checkbox"/> BUSINESS TRANSACTION	<input type="checkbox"/> GIFT	<input type="checkbox"/> INCOME TAX REFUND
	<input type="checkbox"/> INHERITANCE	<input type="checkbox"/> LOAN PROCEEDS	<input type="checkbox"/> SALARY
	<input type="checkbox"/> SALE OF ASSETS	<input type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> CLUB DUES/FUND RAISING
	<input type="checkbox"/> OTHER: (Please specify) _____		
PURPOSE OF ACCOUNT/S:	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> GENERAL SAVINGS
	<input type="checkbox"/> HOME OWNERSHIP	<input type="checkbox"/> RETIREMENT	
	<input type="checkbox"/> OTHER: (Please specify) _____		
EXPECTED MONTHLY LODGEMENTS:			
EXPECTED MONTHLY WITHDRAWALS:			

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EXPECTED MONTHLY LODGEMENTS:			
EXPECTED MONTHLY WITHDRAWALS:			

I certify the information above to be true and correct, and understand that this data once accepted may be used to update the Society's records. I hereby authorize VMBS, if required, to obtain independent verification of any information provided.

SIGNATURE:.....DATE:.....(DD/MM/YYYY)

FOR OFFICE USE

CIF # _____

APPROVED BY:..... DATE :..... (DD/MM/YYYY)

ENTERED BY:..... DATE :..... (DD/MM/YYYY)

CHECKED BY:..... DATE:..... (DD/MM/YYYY)