



# HEALTHCARE ACCOUNT NAME CHANGE REQUEST

To maintain the security of your account, a representative from Idaho Independent Bank may contact you to request additional documentation prior to updating your account information.

**Previous Name:** (Please print)

Name as it appears on account now: \_\_\_\_\_

**New Name:** (Please print)

New name: \_\_\_\_\_

Check one:

I am providing one of the following legal documents to evidence the change:

- Photo identification with new name
- Certified copy of marriage license
- Certified copy of dissolution of marriage
- Certified copy of a court-ordered document showing new name

**Account Information:**

Please change my name as indicated above on my accounts at Idaho Independent Bank.

Account Number or SSN: \_\_\_\_\_

\_\_\_\_\_  
Account Holder's Signature

\_\_\_\_\_  
Date

Submit completed forms to Idaho Independent Bank

Fax: (208) 947-1159 or

Email: [HealthcareAccounts@iibk.net](mailto:HealthcareAccounts@iibk.net)

800-897-4863

[HealthcareAccounts@iibk.net](mailto:HealthcareAccounts@iibk.net)

[www.theidahobank.com](http://www.theidahobank.com)

