



Change of Information Form

Account Name

Account Number

Information to be changed: ☐ Physical Address ☐ Email ☐ Phone

CURRENT INFORMATION ON FILE (For verification purposes)

Street address

City

State

Zip Code

Email address

Phone number

NEW INFORMATION

Street address

City

State

Zip Code

Email address

Phone number

Authorizer's Signature

Print name

Date: _____

Complete and return form to: Info@IDS-Delaware.com

Fax: 302-322-6870

Or mail to: IDS, 406 W Basin Rd., New Castle, DE 19720