

REQUEST TO ADD, REMOVE OR CHANGE THIRD-PARTY STATEMENT RECIPIENT

I request that The Bancorp Bank, N.A. (Bank) update my account(s) listed below to reflect the following changes with regard to the third-party recipient (e.g. Financial Professional, CPA, Attorney, etc.) of my account statement(s). Changes with regard to the third-party statement recipient must be signed by the authorized signer for each account listed.

Please complete the entire form (Parts 1-3). Please keep a copy of this form for your records.

PART 1: Account Information

Account Number	Account Title
Account Number	Account Title
Account Number	Account Title

Note: Unless otherwise noted on this form, changes listed in Part 2 will be made to all accounts listed in Part 1.

PART 2: Third-Party Statement Recipient (e.g., Financial Professional, CPA, Attorney, etc.)

Add

Name	Firm		
Address	City	State	ZIP Code

Remove

Name	Firm		
Address	City	State	ZIP Code

Change Firm Name or Address

Name	Firm		
Address	City	State	ZIP Code

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PART 3: Signature – Required

The individual signing below must be an Authorized Signer on each of the accounts listed in Part 1.

Signature of Authorized Signer

Date (mm/dd/yyyy)

Authorized Signer Name

Email

Phone

Allow one full statement cycle for the change to take effect.

Please **mail or fax** this completed form to:

cfdbanking Services Attn: Account Maintenance
409 Silverside Road, Suite 105, Wilmington, DE 19809

Fax: 302.791.5680