

MOBANKING AMENDMENT FORM

PRINT, SIGN AND SUBMIT TO A BRANCH. ELECTRONIC SIGNATURES ARE NOT ACCEPTED.

Date: _____

To: Customer Care Department
National Bank of Dominica

USER ID: _____

I the undersigned _____ would like the following change(s) made to my Mo Banking Service effective immediately.

Cell number _____

Email address _____

Termination of Service _____

Activate/deactivate text Alert _____

Activate /deactivate email alert _____

Add account(s) to Service _____

Reason for change: _____

Customer Signature

Date

For Internal Use Only

CIF # _____

Customer Relations Representative

Customer Care Representative

Customer Relation Supervisor

Customer Care Supervisor