Reservation # affected by change form information: _______________________________
(NOTE: Please list ALL affected Reservation #s if change pertains to more than one project.)

PBI Information Change Form
REV. 1/12/2015

PLEASE NOTE: Mark at least ONE of the boxes for each section listed below. If you fail to mark a box for any section or fail to provide the additional required information, we will return the form to you for completion. This may delay the processing of your change and payment under your reservation.

1. **Change to Customer:**

   Change to Customer?  ☐ Yes  ☐ No  ☐ N/A

   If “Yes”, New Customer Information:
   
   Contact Name: ____________________________________________
   Company Name: ____________________________________________
   E-mail address:  __________________________________________________
   Phone Number:  ____________________________________________

2. **Change to Customer Contact/Authorized Signer:**

   Change to Customer Contact/Authorized Signer?  ☐ Yes  ☐ No  ☐ N/A

   If “Yes”, New Contact Information:
   
   Contact Name: ____________________________________________
   E-mail address:  __________________________________________________
   Phone Number:  ____________________________________________

3. **New System Owner:**

   New System Owner?  ☐ Yes  ☐ No  ☐ N/A

   If “Yes”, New System Owner Information*:
   
   Company Name: ____________________________________________
   Address:  __________________________________________________
   Phone Number:  ____________________________________________
   Contact Name:  _____________________________________________

   *REQUIRED: A W9 for the New System Owner must be submitted with this completed form.
4. **System Owner Address Change:**

Did the address of the current System Owner change?  □ Yes  □ No  □ N/A

If “Yes”, provide the following information:

OLD Address: __________________________________________________

_________________________________________________________________

NEW Address: __________________________________________________

_________________________________________________________________

5. **System Owner Tax Identification Number (TIN) Change:**

Did the current System Owner’s TIN change?  □ Yes  □ No  □ N/A

If “Yes,” please submit with this completed form the REQUIRED updated W9 (which must reflect the new TIN).

6. **New Payee:**

Is a New Payee being assigned?  □ Yes  □ No  □ N/A

If “Yes”, New Payee Information*:

Company Name: _________________________________________________

Address: _______________________________________________________

*REQUIRED: In addition, an ACH form for the New Payee must be submitted with this completed form.

7. **Payee Bank Account or ACH Contact Name Change:**

Did the current Payee’s bank information or ACH contact name or other information change?  □ Yes  □ No  □ N/A

If “Yes,” please submit with this completed form the REQUIRED updated ACH form with the new bank information and/or new ACH contact information.

**Information Change Form Approvals:**

**Customer:**

Name (please print): ___________________
Title/Business Name: ___________________
Signature*: ___________________________
Date: ________________________________

**System Owner:**

Name (please print): ___________________
Title/Business Name: ___________________
Signature: ___________________________
Date: ________________________________

*Customer signature signifies customer approval of information changes noted on this form. These approved information changes supersede any prior information of the same type provided for the above-referenced reservation(s).