



**Instructions:** Complete this form when you need to add, update, remove, or retain more Contacts and/or their permissions. If this addendum is needed, it must accompany the Permissions form.

**ADD/UPDATE PERMISSIONS: (Please complete the information below to add or update each Contact's permissions.)**

3. CONTACT INFORMATION: (Contact must be previously established with the Pool)	CONTACT PERMISSIONS: (Please select all permissions that apply)
Contact Name: _____ <small>First and Last Name (Print)</small> Mailing Address: _____ <small>Agency Name (If Applicable)</small> _____ <small>Address</small> _____ <small>City State Zip</small>	For the new Pool Account being established, this Contact may: View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. *Contact must be on record. <i>All new Contacts must complete a Contact Record form.</i>

4. CONTACT INFORMATION: (Contact must be previously established with the Pool)	CONTACT PERMISSIONS: (Please select all permissions that apply)
Contact Name: _____ <small>First and Last Name (Print)</small> Mailing Address: _____ <small>Agency Name (If Applicable)</small> _____ <small>Address</small> _____ <small>City State Zip</small>	For the new Pool Account being established, this Contact may: View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. *Contact must be on record. <i>All new Contacts must complete a Contact Record form.</i>

5. CONTACT INFORMATION: (Contact must be previously established with the Pool)	CONTACT PERMISSIONS: (Please select all permissions that apply)
Contact Name: _____ <small>First and Last Name (Print)</small> Mailing Address: _____ <small>Agency Name (If Applicable)</small> _____ <small>Address</small> _____ <small>City State Zip</small>	For the new Pool Account being established, this Contact may: View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. *Contact must be on record. <i>All new Contacts must complete a Contact Record form.</i>

6. CONTACT INFORMATION: (Contact must be previously established with the Pool)	CONTACT PERMISSIONS: (Please select all permissions that apply)
Contact Name: _____ <small>First and Last Name (Print)</small> Mailing Address: _____ <small>Agency Name (If Applicable)</small> _____ <small>Address</small> _____ <small>City State Zip</small>	For the new Pool Account being established, this Contact may: View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. *Contact must be on record. <i>All new Contacts must complete a Contact Record form.</i>

**REMOVE: Contacts to be removed from the Accounts listed above.**

6. Contact Name: \_\_\_\_\_  
First and Last Name (Print)

7. Contact Name: \_\_\_\_\_  
First and Last Name (Print)

8. Contact Name: \_\_\_\_\_  
First and Last Name (Print)

9. Contact Name: \_\_\_\_\_  
First and Last Name (Print)

10. Contact Name: \_\_\_\_\_  
First and Last Name (Print)

**RETAIN: Contacts to remain on Accounts listed above with no changes.**

6. Contact Name: \_\_\_\_\_  
First and Last Name (Print)

7. Contact Name: \_\_\_\_\_  
First and Last Name (Print)

8. Contact Name: \_\_\_\_\_  
First and Last Name (Print)

9. Contact Name: \_\_\_\_\_  
First and Last Name (Print)

10. Contact Name: \_\_\_\_\_  
First and Last Name (Print)

**Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.**

<b>SEND VIA CONNECT:</b> Log in to Account Access Existing Connect Click <input checked="" type="checkbox"/> Secure Contact Users Only Select file to upload - Send message	<b>FAX TO:</b> NCIP Client Services Group 1-888-535-0120	<b>MAIL TO:</b> NCIP Client Services Group P.O. Box 11813 Harrisburg, PA 17108
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POOL USE ONLY	
V2021.04	INITIALS
Processed	
Confirmed	