Document and Profile Inquiry	
Complete the template with the most recent information associated with your prepaid debit card account	
First Name	
Last Name	
Address	
City	
State	
Zip code	
Email	
Phone Number	
Last 4 digits of SSN	
Prepaid Card Number (if available)	
If you've changed your address in the last 6 months, please provide your previous address	
Address	
City	
State	
Zip code	
Complete only the section that applies to your request	
Debit Card Number	
Please provide my debit card number	NA
Name Change	
Legal first name	
Legal middle name	
Legal last name	
Please provide the required documents for name changes: • Valid government issued ID (driver's license, passport or matricula card, etc.) reflecting name change • Social Security card reflecting name change • Legal documents such as marriage certificate, divorce decree, birth certificate or other court document	
Request for Duplicate Letter or Question about a Letter	
Letter subject or header	
Estimated date letter was received	
Please provide details of the letter you are requesting a copy of or have a question about	
Date of Birth Change	
What is the correct date of birth?	

Please provide 1 of each required documents for date of birth changes: • Valid government issued ID (driver's license, passport or matricula card, etc.) • Social Security card	
DDA Account Number	
I would like the DDA Account number for my closed Prepaid account.	NA
Address Update	
Please provide the following:	
Address	
City	
State	
Zip code	
Email Address Update	
What is the new email address?	
Telephone Number Update	
What is the new telephone number?	
Request for Transaction Details	
As a reminder, accounts have been closed for 2+ years and as a result, if you do not have posted transactions within the last 24 months, your request will not be fulfilled.	
Provide the start date of transactions you would like a copy of	
Provide the end date of transactions you would like a copy of	
Would you like the transaction history to be delivered by mail or email	
If email, what email address?	
Please allow 10-15 business days for delivery if mail was selected and 3-5 business days for delivery if email was selected for delivery.	
Subpoena Notification	
Upload any documents you would like to provide	
Bankruptcy Notification	
Date of Bankruptcy	
State in which Bankruptcy was filed	
Upload any documents you would like to provide	
Deceased Notification or Executor Request	
Provide the following deceased party information:	
First Name	
Middle	

Last Name	
Date of Birth	
Address	
City	
State	
Zip Code	
What is your relationship to the deceased party?	
What is your contact information?	
Duplicate Bank of America 1099 Tax Form	
What address should the form(s) be mailed to?	
Address	
City	
State	
Zip Code	
Question about a Bank of America 1099 Tax Form	
Provide the details of your question about the form	
Power of Attorney (POA), Conservatorship or Guardianship Notification	
Your first name	
Your middle name	
Your last name	
Your address	
Your city	
Your state	
Your country (if foreign)	
Your country code (if foreign)	
Your zip code	
Your email address	
Your phone number	
Provide a valid certified copy of the POA document as we cannot guarantee the return of this document (when mailing).	