



## Information Change Request

[Please print legibly, sign and date]

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone (optional): \_\_\_\_\_

**Update only if applicable:**

Occupation \_\_\_\_\_

On-Track Pin # (4 numbers) \_\_\_\_\_

Tel Access Code (2-8 *letters*) \_\_\_\_\_

**Register New Account for Electronic Funds Transfer (& Express Funding):**

Bank Routing Number \_\_\_\_\_

Checking Account Number \_\_\_\_\_

(Attach voided check)

Signature: X \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*\*\*For security purposes, additional documentation may be required to update certain information. You will be contacted when applicable.

**MAIL TO:** NYRA  
ATTN: NYRA REWARDS  
P.O. Box 90  
JAMAICA, NY 11417

**OR FAX TO:** 1-866-NYRA-WIN  
(1-866-697-2946)

***Return form today!***