



# Small Business Financing Lender Change Form

Use this form to notify WHEDA of changes or corrections in your institution's name, contact person, address or telephone number.

**LENDER NUMBER** \_\_\_\_\_

**Original Information**

**New Information**

Lender Name	_____	Lender Name	_____
Lender Contact	_____	Lender Contact	_____
PO Box	_____	PO Box	_____
City	_____	City	_____
State	_____	State	_____
Zip Code	_____	Zip Code	_____
Street Address	_____	Street Address	_____
City	_____	City	_____
State	_____	State	_____
Zip Code	_____	Zip Code	_____
Phone Number	_____	Phone Number	_____
Fax Number	_____	Fax Number	_____

Is this a new branch?     Yes     No

How does this location receive updates? Please indicate below.

This office signed up for the subscription service to obtain program updates.  
 The home office has signed up via the subscription service and provides this office with updated material.  
 Other. Please explain.

E-mail address: \_\_\_\_\_

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_  
 Title \_\_\_\_\_

Mail to:  
**WHEDA**  
**PO Box 1728**  
**Madison WI 53701-1728**

OR Fax to:  
**(608) 267-1099**