## U.S. Courts

## **Bankruptcy Noticing Center**

## CHANGE OF ACCOUNT INFORMATION FORM

If you are an existing subscriber, use this form to make updates to	your account information.	
Company/Creditor Name:		
Trading Partner (TP) Number: (Note: If you are an e-mail recipient, the TP number is in		
I. Update of Contact Information (required)  Please ensure that there is a current point of contact associ	ated with your account.	
Contact Name:		
Address:		
Address 2:		
City, State, Zip:		
Phone:		
Direct Phone:		
E-mail Address:		
II. New Preferred Address Information If you are updating your preferred address information, please enter	er the <b>new</b> preferred address here:	
Firm/Company OR Individual Name:		
Attention To:		
Preferred Address Line 1:		
Preferred Address Line 2:		
City, State, Zip:		
III. New E-mail Address for Receiving Bankruptcy Court Not For EBN subscribers who receive bankruptcy notices via e-mail, yo should be sent.  New E-mail Address:	u may change the e-mail address to where notices	
One e-mail per court with one text link to multiple notice		
One e-mail per court with one text link to multiple notices.  One e-mail with multiple text links. Each link contains one notice.		
One e-mail with one text link to one notice		
IV. Update of Names and Addresses Associated with Your Act When you registered, you included names and addresses for which a preferred mailing address. Please list below any names or addresses You may attach additional names and addresses to the form. Name  [_] I am sending additional names in a spreadsheet	notices should be redirected to your electronic and/or s that should be added to your account for redirection.	

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Names to be added continued:	
Addresses to be added (include incorrect or previous addresses in a spreadsheet	esses, do not include email addresses):
This constitutes an addendum to your EBN noticing agreer bear any liability for errors resulting from information sub	nent. Neither the Bankruptcy Noticing Center nor the courts mitted herein.
I, the undersigned, am authorized to make the modificatio EBN subscriber. The information submitted on this form	ns specified on this form or attached hereto on behalf of the is true and correct.
Name of Representative (printed):	
Signature of Representative:	
Job Title:	
Entity Name:	
Date:	
Please email, mail, or fax the signed form to the Bankrupto BAE SYSTEMS - Attention BNC Dept.	
45479 Holiday Drive Sterling, VA 20166	E-mail: ebn@baesystems.us Fax: (571) 392-9103
For additional information, go to the program web page at help line at 1-877-837-3424.	

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