



Montgomery County Department of Liquor Control Customer Change Request Form

Business Name:

DLC Account#:

Business Address:

City:

State:

Zip:

Please make the following changes to the contacts on my account:

NAME	ADD	DELETE	Authorized to place orders		EMAIL ADDRESS	PHONE	Authorized to pick up orders	
			Yes	No			Yes	No

Do you have updated ACH account information?

Yes

No

Bank Name:

Bank Routing#:

New Account#:

I authorize the Montgomery County Department of Liquor Control to make the changes indicated on this form to my DLC account.

Name

Date

Phone #