CHANGE OF ADDRESS FORM

Date: _____   Port: _____

CUSTOMER DATA

Name: _____

SS/EIN#: _____

(If mailing address is a PO Box a physical address is also needed)
Mailing Address: _____

   City/State/Zip: _____County:_____

Physical Address: _____

   City/State/Zip: _____County:_____

New Phone#: _____

All Accounts or Account #_____|_____|_____

Does Customer use Bill Pay? Y or N

Customer Signature: _____

--------------------------For Bank Use Only-----------------------

Changed on Safe Deposit Box: Y or NA (Circle One)

Changed on Debit Cards: Y or NA (Circle One)

Interest Bearing Accounts: Y or N (Circle One)

Changed Deposit Rate Index: Y or NA (Circle One)

Changed in CheckFree/Partnercare (Bill Pay): Y or NA (Circle One)

Received by: _____ Verified Customer? ☐ (Please check box)

Data Entry by: _____ Date: _____