

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: \_\_\_\_\_