

# CHANGE OF ADDRESS FORM

Date: \_\_\_\_\_

Port: \_\_\_\_\_

## CUSTOMER INFORMATION

Name: \_\_\_\_\_

SS/EIN #: \_\_\_\_\_

*(If mailing address is a PO Box, a physical address is also needed)*

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

New Phone #: \_\_\_\_\_

All Accounts or Account # \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Does Customer use Bill Pay? **Y** or **N** (Circle One)

Is Customer a Shareholder? **Y** or **N** (Circle One) *(If YES, send copy to Kaylea)*

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)

Changed on Loan Account(s): **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: \_\_\_\_\_