

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: _____

Returned Mail (See Attached)

----- **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, unless returned mail)

Data Entry by: _____

Date: _____