

CHANGE OF ADDRESS

Revision Date: 03/16/2015

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Current Date: _____

Effective Date: _____

Name(s) on Account(s)

Last 4 digits of SSN/EIN

Old Address:

New Address:

Physical Address (or next of kin) if address is a PO Box

Email address: _____

Home #: _____ Cell #: _____ Business #: _____

Seasonal Address Change: Please complete this section if you would like your address changed for a temporary period of time. Please designate the effective dates and if you would like this same temporary change of address in subsequent years.

Seasonal Home #: _____
Alternate Cell #: _____

Effective Dates: From: _____ To: _____

Same effective dates for following years? Yes No (if yes, the Seasonal address will stay in effect until you provide written notification to the bank to cancel the request).

CIF Only Individual Business Statement Only Merchant Services

Checking Account(s): _____

Savings/Club Account(s): _____

CD/IRA(s): _____

Loan(s): _____

Safe Deposit Box(es): _____

Customer Signature: _____ Date: _____

Verified Requester By: Sign Card Personally Known ID (type & number): _____

Employee Completed/Accepted by: _____ MB BR CS OF HB

FORWARD TO OPERATIONS