

CHANGE OF ADDRESS

Date: _____ SSN/TIN#: _____ CIF # _____

Customer Name: _____

Current Information:

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

E-Mail: _____

NEW Information, update as noted below:

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

E-Mail: _____

Change ALL accounts: **YES** or **NO** - Change **ONLY** the accounts listed below:

Checking _____	Safe Deposit _____
Savings _____	Loan _____
CD _____	Other _____
IRA _____	Other _____

Comments: _____

_____ date _____ Bank Signature _____ date _____
Customer Signature

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

VERIFICATION METHOD - MUST MARK ONE:

In Person
 Telephone
 Mail
 Other: _____ (describe) _____

INFORMATION VERIFIED - MUST MARK ONE:

Known Person
 SSN / TIN
 Address on system
 Other: _____ (describe) _____

----- **For Operations Use Only** -----

Completed by: _____ verified by: _____