



BANK OF LAS VEGAS

CHANGE OF ADDRESS FORM

Personal Account: All signers affected by this address change must authorize changes by signing below
Business Account: Address change must be signed by one authorized signer

We may not have your current address and phone number on file. For security purposes your signature is required to make the changes to your account(s).

PLEASE PROVIDE ALL ACCOUNT NUMBERS AFFECTED BY THIS CHANGE.

Date of this request: _____

ACCOUNT NUMBER(S) _____, _____, _____

ATM/Debit Card # _____

NAME ON ACCOUNT(S) _____

New Address: _____

City, ST & Zip: _____

Phone Numbers: _____

Signature of Signer on the Account: _____

Signature of Second Signer on Account: _____

For security reasons all address changes that are mailed or faxed to the bank must be notarized

State of _____ County of _____

This instrument was acknowledged before me on _____ by _____

Signature of notary

COMPLETE AND FAX TO YOUR PREFERRED OFFICE:

Black Mountain Office Fax# 702-990-5443
Desert Office Fax# 702-938-0509

Decatur Office Fax# 702-939-2415
Red Rock Office Fax# 702-948-3630

Bank Use: Date changed: _____ By: _____