



CHANGE OF ADDRESS FORM

Account Name: _____

Effective Date: _____

New Address: _____

City, State, Zip: _____

New Phone No: _____ Mobile _____ Work _____

Account(s): _____

ATM/Debit Card(s): Yes _____ No _____ Number(s): (if available) _____

CUSTOMER SIGNATURE: _____ Date: _____

For your security, all address changes that are mailed or faxed to the Bank must be notarized.

State of: _____ The foregoing instrument was acknowledged before me on: _____

County of: _____ Notary Signature: _____

Bank Use Only:

Customer Signature Verified By: _____ Office #: _____ Date: _____

(Check all that apply)

Change Statement Address: Yes _____ No _____ Change Duplicate Address: Yes _____ No _____

Change Alternate Address: Yes _____ No _____ Change Bill Pay Address: Yes _____ No _____

Change Seasonal Address: Yes _____ No _____ Change CD Int. Check Address: Yes _____ No _____

Special Instructions: (if any)

COP only

Input By: _____ Date: _____

Verified By: _____ Date: _____