



Customer Information Change Request

Previous Customer Information

Name: _____

PO Box: _____

Physical Address (required): _____

City, State Zip: _____

Phone: _____ E-mail: _____

Customer Information To Be Changed

Name: _____

PO Box: _____

Physical Address (required): _____

City, State Zip: _____

Phone: _____ E-mail: _____

Customer Authorization

_____ Change address for all accounts on port listed below.

_____ Change address on the following account(s) only: _____
(Be sure to include ALL accounts - deposits, loans, SDB, debit cards)

_____ Change is due to 911 mapping. **Customer is not moving from current address.**

_____ Name Change Documentation on file.

Customer Signature

Date

Internal Use Only

Request Received: In Person By Mail By Fax

Verified by: _____ Date: _____ Branch: _____ Port No.: _____

Method of Verification (ie drivers license) _____

Please circulate this request to the following departments in the order that appears below. Thank you.

___CIF ___Debit Cards ___Online Banking/ ___Bookkeeping ___Loans ___Stock ___Trust ___Investments
Bill Pay (check for handling code)