

CUSTOMER INFORMATION

Customer Name: _____ **Social Security Number:** _____
Street address: _____ **APT/UNIT #:** _____
City: _____ **State:** _____ **Zip Code:** _____
Home Phone: _____ **Cell Phone:** _____
Email Address: _____

Mailing Address: (If different from above)

Customer Name: _____ **Social Security Number:** _____
Street address: _____ **APT/UNIT #:** _____
City: _____ **State:** _____ **Zip Code:** _____
Special Instructions: _____

FORM COMPLETED IN PERSON:

By signing below I acknowledge this change of address is to become effective immediately and will change the address on **ALL** accounts with the Bank for which I am the **primary owner** (unless otherwise noted).

FORM NOT COMPLETED IN PERSON:

By signing below I acknowledge that this change of address will **NOT** take effect immediately and that it applies to **ALL** accounts with the Bank for which I am the **primary owner** (unless otherwise noted). I also acknowledge that I will receive a letter in the mail as confirmation of this change. I understand that this address change is null and void and may result in prohibited access to my debit card until I receive the said confirmation letter from the Bank.

I have read and understand the above statements:

Customer Signature: _____ **Date:** _____
ID Information: _____

FOR BANK USE ONLY

Form received by: _____ **Dept./Branch:** _____
Form completed in: in person via mail **Verification Method:** _____ **Date:** _____
Changed by: _____ **Date:** _____
Date of Confirmation Letter: _____ **Date of return:** _____