

Change of Address Request Form

Complete the following Identification information.

Please note: A separate request must be completed for each account owner and/or entity (business, trust, DBA, etc). You may only change another person's information if you are a legal representative of that person.

Name: _____ Last 4 digits SS# or EIN: _____

| Previous physical address: | *New physical address: |
|------------------------------|------------------------------|
| Street: _____ | Street: _____ |
| City: _____ | City: _____ |
| State: _____ Zip Code: _____ | State: _____ Zip Code: _____ |

*If this is a temporary or seasonal address, indicate the start and end dates: From: _____ To: _____
 Is your temporary or seasonal address recurring? Yes No

| Previous mailing address, such as a PO Box (if applicable) | Keep the previous mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Indicate any new mailing address below: |
|--|---|
| Address: _____ | Address: _____ |
| City: _____ | City: _____ |
| State: _____ Zip Code: _____ | State: _____ Zip Code: _____ |

Current contact information

Indicate all numbers where you can be reached. If an item doesn't apply, please mark as N/A.

| | | | |
|--------------------|-------------|--------------------|-------------|
| Home Phone Number: | () - | Cell Phone Number: | () - |
| Work Phone Number: | () - | Email Address: | _____ |

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**The changes you have requested above will only apply to accounts on which you are listed as the tax reporting (first) owner.**  
*If these changes apply to other accounts on which you have the legal authority to conduct business, please include the account numbers below.*

|  |  |  |  |
|--|--|--|--|
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|  |  |  |  |

I hereby request and authorize you to change the address listed on your records as specified above. I understand that this authorization will be conducted only on accounts to which I have ownership rights or legal authority. **I further understand that this address change does not constitute an address change for any other party that may have resided at the old address.**

**Customer Signature:** \_\_\_\_\_

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(Bank Use Only)

| | | |
|--|-------------|---|
| Info Taken By (Name & Teller #): _____ | Date: _____ | Form received <input type="checkbox"/> in person <input type="checkbox"/> by mail |
| Entered into the system by: _____ | Date: _____ | If maintenance was performed by a CSR indicate the reason below: |
| | | |
| Maintenance Report reviewed by: _____ | Date: _____ | |
| Maintenance for Bill Pay: _____ | Date: _____ | |

WRITTEN NOTIFICATION REGARDING THIS CHANGE WILL BE MAILED TO THE PRIOR ADDRESS UNLESS OTHERWISE NOTED.

(Revised 11-8-2019)