

CHANGE OF ADDRESS

CLIENT SIGNATURE _____ Date _____

CLIENT SIGNATURE _____ Date _____

NAME 1 _____

TIN _____

NAME 2 _____

TIN _____

NEW ADDRESS INFORMATION: _____

NEW PHONE NUMBER: _____

OLD ADDRESS INFORMATION: _____

ACCOUNTS TO BE CHANGED:

CHECKING _____

SAVINGS _____

ATM/DEBIT CARD _____

CDs _____

HOLIDAY SAVINGS _____

SAFE DEPOSIT BOX _____

IRA _____

*LOAN _____

- C 1. VERIFY CLIENT
- H
- E 2. VERIFY INFO ON CIF
- C
- K 3. COMPLETE ACCT NUMBER INFO
-
- L 4. MAKE SURE ALL LOAN SIGNERS
- I HAVE SIGNED
- S 5. DATE & INITIAL
- T 6. FORWARD TO DEPOSIT OPS

DATE _____

INITIAL/BRANCH _____

*Signatures of all loan signers are required.

DO NOT HOLD – SEND COMPLETED FORM TO DEPOSIT OPERATIONS