



Centier

Change of Address

To Be Completed by Client (please print)

Client Name Information

Name 1: _____ Signature: _____

Name 2: _____ Signature: _____

New Address Information

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Tax ID/SSN: _____

Previous Address Information

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Tax ID/SSN: _____

Accounts to be Changed

Checking: _____

Savings: _____

ATM/Debit Card: _____

CD: _____

IRA: _____

Holiday Savings: _____

Safe Deposit Box: _____

Loan: _____

To be Completed by Centier Bank

Change Confirmation Checklist

- | | |
|--|------------------------------------|
| 1) Verify Client Identification | <input type="checkbox"/> Confirmed |
| 2) Verify Client Information on CIF | <input type="checkbox"/> Confirmed |
| 3) Complete Account Change Information | <input type="checkbox"/> Confirmed |
| 4) Date & Initial Change of Address Form | |
| 5) Forward to Bookkeeping Department | |

Centier Associate Initials & Branch _____ Date _____