

BUSINESS CHANGE OF ADDRESS

*Date: _____ *Branch #: _____ *NuPoint User ID: _____

For BUSINESS accounts ONLY, one form per Business entity. The signature of an authorized business signer is required. Review the business resolution of file in CenterDoc to confirm the individual requesting the address change for the business is authorized to do so. If multiple signatures are required on the account, two signatures are required to change the business address.

*Business Name: _____ *Phone Number: _____

*Complete EIN: _____

*Business Authorized Signer Name: _____

Business Authorized Signer Name: _____

COMPLETE FOR PHYSICAL ADDRESS CHANGE

NEW PHYSICAL (CIF) Address Information (NO P.O. BOXES)

*Street Address: _____

*City: _____ *State: _____ *Zip: _____

COMPLETE FOR MAILING ADDRESS CHANGE

NEW MAILING (Account) Address – (i.e. PO BOXES) Only if the address for receiving statements is different than the physical address provided above.

Statement Address: _____

City: _____ State: _____ Zip: _____

COMPLETE ONLY THIS SECTION FOR TEMPORARY ADDRESS CHANGE

TEMPORARY Address – will reoccur every year for the specified dates provided unless/until a temporary address expiration date is provided. **NOTE: All end of year tax reporting will be sent to the MAILING ADDRESS on your account(s), regardless of temporary address on file.**

*Street Address: _____

*City: _____ *State: _____ *Zip: _____

Annual Address Effective Dates: *Start Date MM/DD: _____ *End Date MM/DD: _____

TEMPORARY Address Expiration Date (MM/DD/YYYY): _____

The change(s) above will be made to ALL Checking, Savings, Time Deposits (CD), Safe Deposit Box, and Loans that your business name appears on. ALL accounts will be changed to the new address provided UNLESS otherwise individually listed below.

The change(s) above also apply to all Centier ATM/Debit cards in the business name.

DO NOT Change the address on the following accounts:

These changes do not apply to the following Centier products and services: Cetera, SEI, TIB (Centier Credit Card).
Please notify these parties separately of your address change.

*Authorized Signer Signature: _____ Date: _____

Authorized Signer Signature: _____ Date: _____