

CHANGE OF ADDRESS

*Date: _____

No changes will be made to a business account without a separate completed Change of Address form. One form per business.

*Client Name: _____ *SSN/EIN: _____

Client Name: _____ SSN/EIN: _____

A. COMPLETE FOR PHYSICAL ADDRESS CHANGE

PREVIOUS Address Information

*Street Address: _____ *City: _____

*State: _____ *Zip: _____

NEW Address Information

*Street Address: _____ *City: _____

(NO P.O. BOXES)

*State: _____ *Zip: _____ * Phone Number: _____

B. COMPLETE FOR MAILING ADDRESS CHANGE

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

Statement Address: _____ City: _____

State: _____ Zip: _____

C. COMPLETE ONLY THIS SECTION FOR TEMPORARY ADDRESS CHANGE

TEMPORARY Address – will reoccur every year for the specified dates provided unless canceled

*Street Address: _____ *City: _____

*State: _____ *Zip: _____ *Phone Number: _____

Address Effective Dates *Start Date: _____ *End Date: _____

TEMPORARY Address Cancellation Checkmark to permanently remove temporary address

The change(s) above (A.B. and/or C.) will be made to ALL accounts under the previous address provided above. ALL accounts will be changed to the new address provided unless otherwise individually listed below. Accounts on which you are an Authorized Signer will not be changed, only an owner can make this request.

DO NOT Change the address on the following accounts:

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

*Client Signature: _____

*Client Signature: _____

Date