

NOTICE OF CHANGE OF ADDRESS

When you know your new address, please complete this Change of Address Form and return this form to us. We will update our records so that your statements and other correspondence are sent to your new location after the move. Our staff will be happy to assist you in completing this form, ordering checks with your new address, or with any questions you may have.

EFFECTIVE DATE OF CHANGE:

REASON FOR CHANGE:

LIST ALL PERSONS MOVING:

Bank Use Only	PRINT NAME	SOCIAL SECURITY #	SIGNATURE
#			
#			
#			

LIST NAMES OF CHILDREN MOVING, IF ANY:

#			
#			
#			

ADDRESS TO BE REMOVED:

CITY:
STATE:
ZIP:

Who?

TELEPHONE # TO BE REMOVED:

	Home
	Cell
	Business
	Vacation
	Other _____

NEW ADDRESS:

CITY:
STATE:
ZIP:

Who?

NEW TELEPHONE #:

	Home
	Cell
	Business
	Vacation
	Other _____

ADDRESS TYPE (Check each type changed and circle Add, Change, or Delete):

PRIMARY Change

INTEREST CHECK
Add Change Delete

TAX REPORTING
Add Change Delete

SEASONAL Add Change Delete

START DATE: _____

STOP DATE: _____

REOCCURRING? YES NO

ALTERNATE # _____ Add Change Delete

ALTERNATE ADDRESS ACCOUNT #:

Date: _____ Received By: _____	Delivery Method: <input type="checkbox"/> In person <input type="checkbox"/> by mail <input type="checkbox"/> other _____	Date: _____ Signatures Verified By: _____	Date: _____ Change Entered By: _____	VERIFIER USE ONLY <input type="checkbox"/> LOAN/MORTGAGE <input type="checkbox"/> INTERNET BANKING <input type="checkbox"/> IRA
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NOTES: