



Customer Information Change Form

To update your address or contact information, complete the form below. A separate form must be completed for each customer.

1 Tell us about you

Customer Name: _____

Last Four Digits of Tax ID Number: _____

2 What is changing?

Address

Old Address

New Address

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Choose which address type is changing: _____

Contact Information

Type of Change: _____ Contact Information: _____

Type of Change: _____ Contact Information: _____

Type of Change: _____ Contact Information: _____

Other Personal Information *(example: Name Change, Tax ID Number, etc..)*

Old Information: _____

New Information: _____

3 What accounts are affected?

All Accounts

Only the following: _____

Do you have a Debit or Credit Card? _____

4 Authorization

Signature: _____ Date: _____

Change Completed by: _____ Date: _____ Quality Control by: _____ Date: _____

For Internal Use Only. Please verify that 2 employees sign and date this section. After Quality Control is complete, scan forms via 'Upload Branch' to Electronic Docs.



Taking your banking needs personally.