

**\*Form must be returned via online banking\***

**Address Change Notification**

Date of Notification

Effective Date of Change

When Alternate, Effective Until

Name

Business Name (If applicable)

Address (Prior)

Address (New)

**Contact Info**

Primary Phone:

Secondary Phone:

Email:

This address change notification is applicable to the following accounts: (Provide description and number if possible)

1

#

2

#

3

#

4

#

5

#

6

#

7

#

8

#

Additional Info:

**Definitions.** The term "I" refers to the individual requesting the change, either on his/her own behalf or as an authorized representative of a business, governmental, or other non-individual customer. The terms "you" and "your" refer to the financial institution.

**Authorization.** By signing below, I hereby acknowledge that the information provided above is true and correct, and authorize you to make the indicated changes in your records for the accounts identified above. I certify that I indemnify you from any and all claims related thereto.

X

Customer signature (Type your name) Date

Received By Financial Institution:

X

Bank Representative

Date

**Bank Use Only**

Updated in:

InSite:

Shazam:

Deluxe:

Updates completed:

Date

Date scanned:

