

CHANGE OF ADDRESS

ACCOUNT AND CUSTOMER INFORMATION	<input type="checkbox"/> Sole Account Owner	<input type="checkbox"/> Joint Account Owner	<input type="checkbox"/> Signer	<input type="checkbox"/> Other
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Last Name or Business Name		First Name, MI		Customer Number (CIF)
Account Number	Account Number	Account Number	Account Number	Account Number

NEW ADDRESS				
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Street Address (No Post Office Boxes)		City	State	ZIP
Mailing Address (If Different from Street Address)		City	State	ZIP
Reason for Address Change / Comments			Effective Date	

PRIOR ADDRESS				
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Street or Mailing Address		City	State	ZIP
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OTHER CONTACT INFORMATION				
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Email Address		Telephone (Home)	Telephone (Other)	
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AUTHORIZING SIGNATURE(S)				
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Accountholder Signature(s) X			Date	
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FOR BANK USE				
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Method by Which Address Change Instructions Were Provided:	<input type="checkbox"/> In-Person	<input type="checkbox"/> Telephone	<input type="checkbox"/> Mail	<input type="checkbox"/> Electronic Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Internet Banking
<input type="checkbox"/> Other (describe):						

Authentication of In-Person Address Change Instructions – Bank policy generally requires that in-person address instructions be authenticated by inspection of a government-issued, picture identification document (driver's license, passport, etc.) similar to those required for identity verification of new customers. Provide applicable descriptive information for the ID in the section below.

Identification Type	ID Number	Issued By	Issue Place	ID Issue Date	ID Expiratn Date
ID Inspected By	Date	Identification Discrepancies and Resolution (Indicate "None" if no discrepancies noted.)			

Authentication of Other Address Change Instructions – For address change instructions provided by mail, telephone, fax, or electronic mail, Bank policy generally requires authentication by Bank-initiated telephone confirmation, customer-specified security question(s), by identity challenge question(s), or by mail confirmation sent to the customer's prior address. Use the section below to document the step(s) taken to verify the identity of the individual providing the address change instructions and/or to ensure that the address change is valid, authorized, and correctly recorded.

<input type="checkbox"/> Security Question and Answer: describe at right <input type="checkbox"/> Challenge Question: note question(s) used in the space at right <input type="checkbox"/> Bank-initiated Telephone Confirmation: note number called at right <input type="checkbox"/> Mail confirmation sent to prior address: copy attached <input type="checkbox"/> Other authentication / verification procedures: describe at right	Authentication / Verification Details, Notes				
Completed By	Date	Verification / Authentication Discrepancies and Resolution (Indicate "None" if no discrepancies noted.)			

NOTES, COMMENTS:
