

CHANGE OF CONTACT INFORMATION FORM CIF _____



To request your contact information be changed, please complete this form and either drop it off or mail it to the banking center nearest you. For security, your contact information will not be updated until we verify your ID and signature in person or contact you by phone.

NAME _____ SSN/EIN XXX – XX - _____

ADDITIONAL NAMES AFFECTED BY ADDRESS CHANGE _____

CUSTOMER SIGNATURE _____ DATE _____

NEW INFORMATION

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHYSICAL ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____
HOME CELL WORK

EMAIL _____

SEASONAL ADDRESS YES NO EFFECTIVE DATES _____ to _____

CUSTOMER IRS ADDRESS CHANGING YES NO

PREVIOUS INFORMATION

ADDRESS CITY _____

CITY, STATE, ZIP _____

ACCOUNTS AFFECTED

YES, CHANGE ALL MY ACCOUNTS TO MY NEW ADDRESS NO, CHANGE ONLY THE ACCOUNTS LISTED BELOW

DDA <small>(LAST 4 OF ACCT # ONLY)</small>	CD <small>(LAST 4 OF ACCT # ONLY)</small>	DEBIT CARD <small>(LAST 4 OF ACCT # ONLY)</small>	SAFE DEPOSIT BOX <small>(LAST 4 OF ACCT # ONLY)</small>	LOANS <small>(LAST 4 OF ACCT # ONLY)</small>

DO YOU HAVE ONLINE BANKING? YES NO

BANK USE ONLY

ADDITIONAL NAME(S) (Relationships Affected)	DO YOU HAVE ONLINE BANKING	IN PERSON <small>(CUSTOMER INITIALS)</small>	BY PHONE <small>(EMPLOYEE INITIALS)</small>

BUSINESS ACCOUNT YES NO If yes, verify Beneficial Ownership is correct on Core with customer. If incorrect, produce Onboard

Form of ID Used for Verification DL# _____ OTHER: _____

Change of Contact Received IN PERSON BY MAIL

ADDITIONAL CIF _____

Retail Changes Entered by _____ Date _____ Reviewed By _____ Date _____ Revised: 5.2019