

# Change Authorization (Address Change)



<b>Account Owner(s):</b>				
_____ Company Name		_____ EIN		
_____ First Name	_____ Last Name	_____ Date of Birth	_____ Social Security Number	
_____ First Name	_____ Last Name	_____ Date of Birth	_____ Social Security Number	
_____ First Name	_____ Last Name	_____ Date of Birth	_____ Social Security Number	
_____ First Name	_____ Last Name	_____ Date of Birth	_____ Social Security Number	
<b>Account Number(s):</b>				
_____				
<b>Address Type:</b>				
Primary	Alternate	Seasonal - Effective Dates: _____ to _____		Business
<b>CURRENT</b>	Phone Number: _____			
_____ Street Address	_____ Suite - Apt. # - P.O. Box	_____ City	_____ State	_____ Zip Code
<b>NEW</b>	Phone Number: _____			
_____ Street Address	_____ Suite - Apt. # - P.O. Box	_____ City	_____ State	_____ Zip Code
<b>Signature(s):</b>				
_____ Signature	_____ Date	_____ Signature	_____ Date	
_____ Signature	_____ Date	_____ Signature	_____ Date	
_____ Changed By	_____ Date	_____ Verified By	_____ Date	

Fill out, print, and sign form. Submit the form by bringing it or mailing it to our Banking Center at the address below. **DO NOT** submit this form by regular email or fax, as your personal data will not be encrypted.