



### CHANGE OF ADDRESS FORM

Customer Name					
Home Phone		Work Phone		Cell Phone	
Email					
Former Physical Address					
New Physical Address					
Former Mailing Address					
New Mailing Address					
Please list all accounts below. Mark I for individual or J for joint account.					
Checking Accts	Savings Accts	Loans	Debit/ATM Cards		
<input type="checkbox"/> I	<input type="checkbox"/> I	<input type="checkbox"/> I			
<input type="checkbox"/> J	<input type="checkbox"/> J	<input type="checkbox"/> J			
<input type="checkbox"/> I	<input type="checkbox"/> I	<input type="checkbox"/> I			
<input type="checkbox"/> J	<input type="checkbox"/> J	<input type="checkbox"/> J			
<input type="checkbox"/> I	<input type="checkbox"/> I	<input type="checkbox"/> I			
<input type="checkbox"/> J	<input type="checkbox"/> J	<input type="checkbox"/> J			
Customer Signature				Date	
Please complete, sign, date, and return this form to Jeff Bank.					
Branch Use	Portfolio No.		New New Port		Yes_____ No_____
	Completed By & Date		Reviewed By & Date		
Deposit Ops Use	Changed By		Date		
	Reviewed By		Date		
Notes:					