

# CHANGE OF ADDRESS OR NAME

DATE

SSN/TIN#

**PREVIOUS  
NAME AND  
ADDRESS**

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(if different from physical address)

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

**CHANGE OF  
NAME  
AND/OR  
ADDRESS**

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(if different from physical address)

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

PLEASE  
INDICATE  
YOUR  
ACCOUNTS  
BY A CHECK  
MARK

<input type="checkbox"/>	ACCOUNT #	JOINT ACCOUNT?	YES/NO	<input type="checkbox"/>	ACCOUNT #	JOINT ACCOUNT?	YES/NO
<input type="checkbox"/>		REGULAR CHECKING		<input type="checkbox"/>		SAFE DEPOSIT BOX	
<input type="checkbox"/>		IRA		<input type="checkbox"/>		LOANS	
<input type="checkbox"/>		SAVINGS		<input type="checkbox"/>		DEBIT CARD	
<input type="checkbox"/>		CERTIFICATES OF DEPOSIT		<input type="checkbox"/>		ATM CARD	
<input type="checkbox"/>		OTHER		<input type="checkbox"/>		OTHER	
<input type="checkbox"/>		OTHER		<input type="checkbox"/>		OTHER	

**\* DO YOU USE ONLINE BANKING AND/OR BILL PAYMENT? (PLEASE CIRCLE) YES / NO**

COMMENTS \_\_\_\_\_

**\*\*SIGNATURES REQUIRED:**

ACCOUNT OWNER: \_\_\_\_\_

DATED: \_\_\_\_\_

ACCOUNT OWNER: \_\_\_\_\_

DATED: \_\_\_\_\_

**THE BANK CANNOT UPDATE YOUR ADDRESS UNTIL THIS FORM IS COMPLETED,  
SIGNED, AND RETURNED TO THE BANK.**

**BANK USE ONLY:**

GIVE A COPY OF THIS FORM TO THE LOAN DEPARTMENT & ELLINWOOD (online bkg)

RECEIVED BY \_\_\_\_\_

ENTERED BY: \_\_\_\_\_

DATE ENTERED: \_\_\_\_\_