



Revised 3/7/2018

Address Change Form



PERSONAL NAMES			SSN (required)
First	MI	Last	XXX-XX-XXXX

*Does this change affect a spouse or minor children? If yes, please list their Name(s) and SSN's in the spaces provided below:
 (Note to Bank Personnel: Account level changes only require 1 signer to authorize an address change).

**BUSINESS NAMES	EIN / TIN (required)

OLD ADDRESS	NEW ADDRESS	***SEASONAL ADDRESS
Physical:	Physical (required):	Address (PO Box accepted if Physical on file):
Mailing (if applicable):	Mailing (if applicable):	Dates to use Seasonal Address:
		Start Date: _____
		Stop Date: _____
OLD PHONE NUMBERS	NEW PHONE NUMBERS	Frequency: <input type="checkbox"/> One Time <input type="checkbox"/> Annually • <i>One Time</i> will stop as indicated above. • <i>Annually</i> will continue each year on the same month and day, until revoked. • Choose dates that match the statements.
Home: _____	Home: _____	
Work: _____	Work: _____	
Mobile & _____	Mobile & _____	
Carrier: _____	Carrier: _____	

ACCOUNT NUMBERS AFFECTED		
Checking, Savings, Loan, MM, CD, IRA, HSA, SAF, Debit Card, Credit Card		
		▶ Do you have a Debit Card ? <input type="checkbox"/> YES <input type="checkbox"/> NO
		▶ Do you have a Credit Card ? <input type="checkbox"/> YES <input type="checkbox"/> NO

X	_____	X	_____
Customer Signature	Date	Customer Signature	Date
X	_____	X	_____
Customer Signature	Date	Customer Signature	Date

FOR OFFICE USE ONLY	
▶ Check SPARAK to verify that the following applications reflect the NEW address (leave box blank if not applicable):	
<input type="checkbox"/> IRS application	<input type="checkbox"/> IRA Plan application(s)
<input type="checkbox"/> HSA (IRA) Plan application	
▶ Perform the following:	
<input type="checkbox"/> Address changed on <u>DIRECT / IQ</u> for Debit Cards	Changed by: _____
<input type="checkbox"/> Address changed on <u>CLIENTLINK</u> for Credit Cards	Changed by: _____
<input type="checkbox"/> Seasonal Addr added to ALT Addr on accts; tickler added to CIF for annual address changes.	
* CIF / IRS Information can only be changed with a customer signature on this form, unless it is a minor child (parent or guardian may authorize the change). Spouses and other individuals must sign this form to authorize their own CIF / IRS changes.	
** One authorized signer may request an address change for businesses. Sole Props can only be changed by the Sole Proprietor.	
*** The Seasonal Addr is for customers living between two cities throughout the year. Customer must complete new addr form to revoke.	
Sparak Changes and Scanning/Indexing Completed by:	Sparak Changes & Scanning/Indexing Reviewed By:
x _____	x _____
Employee Name	Employee Name
Date	Date