



CACHE VALLEY BANK

Change of Address Form

Rev 4/30/19 Member FDIC

INDIVIDUAL NAMES¹

Person A - First, MI, Last:		SSN (required):	
Old Email:		NEW Email:	
Address Information		Old Phone Numbers	NEW Phone Numbers
Old Physical:		Home :	Home :
Old Mailing:		Work :	Work :
NEW Physical:		Cell :	Cell :
NEW Mailing:		& Carrier:	& Carrier:
Seasonal Addr ² :			
Seasonal Dates:	Start Date:	Stop Date:	(Choose dates that coincide with the statement cycle)
Seasonal Frequency: <input type="checkbox"/> One-Time <input type="checkbox"/> Annually (One-Time will stop on the date indicated above; Annually will continue each year until revoked.)			

Person B - First, MI, Last:		SSN (required):	
Old Email:		NEW Email:	
Address Information		Old Phone Numbers	NEW Phone Numbers
Old Physical:		Home :	Home :
Old Mailing:		Work :	Work :
NEW Physical:		Cell :	Cell :
NEW Mailing:		& Carrier:	& Carrier:
Seasonal Addr ² :			
Seasonal Dates:	Start Date:	Stop Date:	(Choose dates that coincide with the statement cycle)
Seasonal Frequency: <input type="checkbox"/> One-Time <input type="checkbox"/> Annually (One-Time will stop on the date indicated above; Annually will continue each year until revoked.)			

AFFECTED ACCOUNT NUMBERS³ (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

FOOTNOTES

► UPDATE, ADD & VERIFY the following:	Yes	n/a
IQ for Debit Cards Changed By: _____	<input type="checkbox"/>	<input type="checkbox"/>
CLIENTLINK for Credit Cards Changed By: _____	<input type="checkbox"/>	<input type="checkbox"/>
Cust. Service Tool for Bill Pay Changed By: _____	<input type="checkbox"/>	<input type="checkbox"/>
CIF Application(s) on Sparak	<input type="checkbox"/>	<input type="checkbox"/>
IRS Application(s) on Sparak	<input type="checkbox"/>	<input type="checkbox"/>
HSA Plan Application(s) on Sparak	<input type="checkbox"/>	<input type="checkbox"/>
IRA Plan Application(s) on Sparak	<input type="checkbox"/>	<input type="checkbox"/>
ALT button (Alternate Addr info) on Sparak	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Addr added to ALT Addr on Sparak accounts;	<input type="checkbox"/>	<input type="checkbox"/>
Tickler added to CIF for seasonal address changes on Sparak	<input type="checkbox"/>	<input type="checkbox"/>
► Sparak Changes & Scanning/Indexing Completed by:		
X _____	Date: _____	
<input type="checkbox"/> Scanned to Arc Image and Indexed under "DEP Change of Address"		
Co-worker MUST review changes and scanning/indexing for accuracy		

- Individual Names** - If the change(s) affects others, please note the following:
 - **Spouse/Adult** profiles (CIF/IRS/Plans, etc.), **require** the spouse/adult to complete and sign this form.
 - **Minor** profiles can be changed with a parent or guardian's authorization).
- Seasonal Address** - is for customers living between two cities. Customer must complete a new Change of Address form to revoke.
- Affected Account Numbers** - Account level changes only require 1 authorized signer to process a change.
- Business Names** - one authorized signer can request all profile/account changes to be made. Sole Props can only be changed by the Sole Proprietor.

Person C - First, MI, Last:		SSN (required) :	
Old Email:		NEW Email:	
Address Information		Old Phone Numbers	NEW Phone Numbers
Old Physical:		Home :	Home :
Old Mailing:		Work :	Work :
NEW Physical:		Cell :	Cell :
NEW Mailing:		& Carrier:	& Carrier:
Seasonal Addr ² :			
Seasonal Dates:	Start Date:	Stop Date:	(Choose dates that coincide with the statement cycle)
Seasonal Frequency: <input type="checkbox"/> One-Time <input type="checkbox"/> Annually (One-Time will stop on the date indicated above; Annually will continue each year until revoked.)			
Person D - First, MI, Last:		SSN (required) :	
Old Email:		NEW Email:	
Address Information		Old Phone Numbers	NEW Phone Numbers
Old Physical:		Home :	Home :
Old Mailing:		Work :	Work :
NEW Physical:		Cell :	Cell :
NEW Mailing:		& Carrier:	& Carrier:
Seasonal Addr ² :			
Seasonal Dates:	Start Date:	Stop Date:	(Choose dates that coincide with the statement cycle)
Seasonal Frequency: <input type="checkbox"/> One-Time <input type="checkbox"/> Annually (One-Time will stop on the date indicated above; Annually will continue each year until revoked.)			
BUSINESS NAMES⁴			
Business Name A:		EIN (required) :	
Address Information		Old Phone Numbers	NEW Phone Numbers
Old Physical:		Home :	Home :
Old Mailing:		Work :	Work :
NEW Physical:		Cell :	Cell :
NEW Mailing:		& Carrier:	& Carrier:
Seasonal Addr ² :			
Seasonal Dates:	Start Date:	Stop Date:	(Choose dates that coincide with the statement cycle)
Seasonal Frequency: <input type="checkbox"/> One-Time <input type="checkbox"/> Annually (One-Time will stop on the date indicated above; Annually will continue each year until revoked.)			
Business Name B:		EIN (required) :	
Address Information		Old Phone Numbers	NEW Phone Numbers
Old Physical:		Home :	Home :
Old Mailing:		Work :	Work :
NEW Physical:		Cell :	Cell :
NEW Mailing:		& Carrier:	& Carrier:
Seasonal Addr ² :			
Seasonal Dates:	Start Date:	Stop Date:	(Choose dates that coincide with the statement cycle)
Seasonal Frequency: <input type="checkbox"/> One-Time <input type="checkbox"/> Annually (One-Time will stop on the date indicated above; Annually will continue each year until revoked.)			