

CHANGE OF ADDRESS/CIF UPDATE

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ Email: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ Email: \_\_\_\_\_

New Customer Name (if applicable) \_\_\_\_\_

Old Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Old Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

New Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code + 4 digit: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code + 4 digit: \_\_\_\_\_

**Customer(s) Signature (required before updating CIF):**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**For Bank Personnel Use Only:**

List all account #(s) tied to the customer's CIF \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Completed By:** \_\_\_\_\_