



# American State Bank

& Trust Company

## 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: \_\_\_\_\_

Route to Operations for scanning.

**\*Attach name change documents if applicable**

Revised 12/16