

Change of Address Form

Dear Customer: Regardless of where you are moving, we want to make your move easier. When you know your new address, please complete this Change of Address Form, tell us when your move will be effective, and return this form to us. We will update our records so that your statements and other correspondence are sent to your new location after the move. Our staff will be happy to assist you in completing this form, ordering checks with your new address, or with any questions you may have.

ACCOUNT NAME	SSN OR TIN	EFFECTIVE DATE
OLD MAILING ADDRESS		
CITY	STATE	ZIP CODE
NEW MAILING ADDRESS		NEW PHYSICAL ADDRESS – INCLUDE CITY AND ZIP (IF DIFFERENT)
CITY	STATE	ZIP CODE
HOME TELEPHONE	BUSINESS TELEPHONE	CELL / MOBILE NUMBER
E-MAIL ADDRESS		

IF ANY OF THE BELOW FIELDS ARE COMPLETED, THE FORM MUST BE SENT TO DEPOSIT OPERATIONS AFTER MAINTENANCE IS PERFORMED.

CHECKING, NOW, MONEY MARKET

ACCT#: _____

ACCT#: _____

DEBIT CARD#: _____

SAVINGS

ACCT#: _____

ACCT#: _____

CERTIFICATE OF DEPOSIT / IRA

ACCT#: _____

ACCT#: _____

SAFE DEPOSIT BOX

BOX#: _____

IF ANY OF THE BELOW FIELDS ARE COMPLETED, THE FORM MUST BE SENT TO LOAN OPERATIONS AFTER MAINTENANCE IS PERFORMED.

CONSUMER/AUTO LOAN

ACCT# _____

ACCT#: _____

ACCT#: _____

REAL ESTATE/COMMERCIAL LOAN

ACCT#: _____

ACCT#: _____

CREDIT CARD

CARD#: _____

OTHER SERVICES

DESCRIBE: _____

AUTHORIZED SIGNATURE	DATE	AUTHORIZED SIGNATURE	DATE
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FORWARD CHANGES OF ADDRESS TO:
 CITIZENS BANK
 P O Box 569
 Robertsdale, AL 36567

BANK USE ONLY			
	SIGNATURE VERIFICATION	EMPLOYEE SIGNATURE	DATE CHANGED