CUSTOMER ADDRESS AND PHONE NUMBER CHANGE FORM

COMMUNITY ADVANTAGE YOUR ASSOCIATION BANKING PARTNER

TRUST

CUSTOMER INFORMATION (Please type or print.)				
Method: 🗌 In-person 🗌 Mai	Phone	Online banking	Effective dat	e:
Reason for change:		If temporary, from:		To:
Account name(s): Account name(s):				
Is this a request for an affiliate customer? 🗌 No 🗌 Yes* *If yes, bank name:				
*If yes, the form should be submitted to the appropriate bank via the operations email address.				
NEW ADDRESS AND PHONE INFORMATION				
Street address line 1:				
Street address line 2:				
City: State: ZIP code:			_ Country:	
ome phone: Work phone:		Cell phone:		
Email address(es):				
Is this a phone number only change? 🗌 No 📄 Yes* *If yes, reason:				
FORMER ADDRESS AND PHONE INFORMATION				
Street address line 1:				
Street address line 2:				
City:	State:	ZIP code:	_ Count	ſy:
Home phone:	phone: Work phone:		Cell phone:	
ACCOUNT INFORMATION				
Update ALL accounts with this new address and phone in the name of those individuals who (1) have signed this form and (2) currently utilize the "former address" information listed above (includes any minor accounts).				
Only change the accounts listed belo	ow at this time.			
Checking account #:	ATM/debit card #:		Savings/CD account #:	
Loan #:	Safe deposit box #:		Custodial account #:	
Have you completed any wire transfers to or from any of your accounts in the past year?			🗌 No	Yes
Customer signature:			Date:	
Customer signature:				
BANK USE ONLY: Change applied to:	$\Box CIS \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Account(s) only		CIS only
Maintenance performed by: Officer's approval if exception: If necessary, call back performed by:			Date: _	ce verification checklist attached?
		Accour	Date: nt maintenan	ce verification checklist attached? 🗌