

CHANGE OF ADDRESS

Name(s) _____

Old Address _____

Are you or any co-owner enrolled in online banking? If so, whom? _____

New Address _____

This Address Change applies to (check only one):

- ALL accounts on which my names appears as an authorized signer/owner
- ONLY accounts on which I am the primary holder
- OR provide us with a list of account numbers to be changed

Is this a Seasonal Address Change? Yes No If yes, please provide start and end dates _____

Effective Date of Address Change: _____

Home Phone Number _____ Name: _____

Work Phone Number _____ Name: _____

Cell Phone Number _____ Name: _____

Email Address _____ Name: _____

Other _____

ACCOUNTS

- | | |
|--|--|
| <input type="checkbox"/> Checking: _____ | <input type="checkbox"/> Debit Card: _____ |
| <input type="checkbox"/> Savings: _____ | <input type="checkbox"/> Safe Deposit Box: _____ |
| <input type="checkbox"/> IRA/ HSA: _____ | <input type="checkbox"/> Loans: _____ |
| <input type="checkbox"/> COD: _____ | <input type="checkbox"/> FMIC Investments: _____ |

Signature _____ Date: _____

INTERNAL USE ONLY

IDENTITY VERIFICATION

- | | |
|---|---|
| <input type="checkbox"/> ID# _____ | <input type="checkbox"/> Verified Signature Card / Document |
| <input type="checkbox"/> Other Verification _____ | <input type="checkbox"/> Post Office Notification |
| <input type="checkbox"/> Known by _____ | |

Port Number: _____

Keyed By: _____ Date Keyed: _____ Taken By: _____ Attachment: Yes _____ No _____

Send Address Verification: Yes _____ No _____