

Change of Address Form

Please complete, sign and date this form and return it to Bank 1st. As soon as we receive this signed form, we will change your address on our records.

<u>Account Name</u>	
<u>Other Account Holders to Change (Ex: spouse, children, etc)</u>	
<u>Old Address (physical street address)</u>	<u>P O Box</u>
<u>City</u>	<u>State / Zip</u>
<u>New Address (physical street address)</u>	<u>P O Box</u>
<u>City</u>	<u>State/Zip</u>
<u>Email</u>	
<u>Phone</u> Home: Cell:	<u>Effective Date</u>

Please indicate the account(s) to be changed:

Account Number(s)

<input type="checkbox"/> Checking Account(s) <input type="checkbox"/> Savings Account(s) <input type="checkbox"/> 1st Rate MM Savings Account(s) <input type="checkbox"/> Certificate(s) of Deposit <input type="checkbox"/> Safety Deposit Box <input type="checkbox"/> Loan Department/Loans <input type="checkbox"/> Debit/ATM Card(s) <input type="checkbox"/> Bill Pay <input type="checkbox"/> Secondary CSR Review	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
---	---

FOR INTERNAL USE

____ SS/EIN #
 ____ Document Scanned
 ____ Signature Scanned

____ Authorized Signer
 ____ Date