

BrannenBank

CUSTOMER CONTACT INFORMATION CHANGE FORM

Date: _____ CIF: _____ Last 4 of SSN# _____

Customer Name: _____ *Address Verification required for new customers

Previous Address:	New Address:
Physical: Street Address: _____ City, State, Zip: _____	Physical: Street Address: _____ City, State, Zip: _____
Mailing: (If different than above): Street Address: _____ City, State, Zip: _____	Mailing: (If different than above): Street Address: _____ City, State, Zip: _____

Seasonal Address: Yes No Effective Dates: Start _____ End _____

* These dates will roll over. If the start/end dates change for your seasonal address, please update.

Previous Phone Number(s):	New Phone Number(s):
Home: _____	Home: _____
Work: _____	Work: _____
Cell: _____	Cell: _____
Previous Email:	New Email:

Change All Account Holders? Yes No (if Yes please enter customer's names)

Name of Account Holder(s):	CIF Number:	Cell Phone Number:	Email Address:
1.			
2.			
3.			

*If the above information is temporary, please update upon change of contact information

Customers Signature: _____ Date: _____

For Brannen Bank Office Use Only:

Received By: _____	Date: _____
Processed By: _____	Date: _____
Electronic/written notice sent to the account holder(s) to validate the change of address by: _____	Date: _____