



Change of Address Form*

*Please submit 1 Change of Address form per TIN
Forward completed form to: Deposit Operations Dept. – BBC

Name of Accountholder: _____
(Please provide Primary ID- document below)

SSN: _____ - _____ - _____ (or) **EIN:** _____ - _____

Affected Account(s) <input type="checkbox"/> All Accounts (or) <input type="checkbox"/> Specific accounts (please list)		
1.	4.	7.
2.	5.	8.
3.	6.	9.

Physical Address – (Required) No PO Boxes or PMBs

Old Address			New Address		
Street:			Street:		
City:	State:	Zip:	City:	State:	Zip:
Phone #:			Phone #:		

Mailing Address – (Required, if different)

Mailing Address Change: Permanent (or) Seasonal: From: _____ To: _____

Old Address			New Address		
Street:			Street:		
City:	State:	Zip:	City:	State:	Zip:
Country:			Country:		

TIN Certification

I certify under penalties of perjury that the taxpayer identification number (TIN) provided is correct, I am a U.S. person (including a U.S. resident alien), and I am either exempt from backup withholding under Internal Revenue Service regulations, or I am not subject to backup withholding.

The above statement is true with the exception that:

- I am subject to backup withholding because of underreported interest and dividends.
- I have applied or will soon apply for a TIN. If one is not provided to this institution within 60 days from today, I will be subject to backup withholding.
- I am a Foreign Recipient and have provided this institution with the appropriate Form W-8 certification.

Accountholder Signature

Date

** if you are NOT presenting this form in person your signature must be notarized**

Notary Public

County of _____, ss. State of _____

On this _____ day of _____, _____ before me, the undersigned notary public, personally appeared _____, (a) personally known to me, or (b) proved to me through satisfactory evidence of identification, which was, _____ (type of identification), to be the person whose name is signed on the preceding document in my presence, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

Printed Name:

Notary Public Signature

My commission expires:

Bank Use Only

Teller Name: _____		Teller #: _____		Date: _____	
Customer Primary ID Type: _____			ID #: _____		
Issue State/Country: _____		Issue Date: _____		Exp Date: _____	
Deposit Ops: <input type="checkbox"/> Updated Cleartouch <input type="checkbox"/> Updated 5/3 rd	<input type="checkbox"/> Letters Mailed	Loan Ops: <input type="checkbox"/>			
Changed by: _____	Verified by: _____	By: _____	Changed by: _____	Verified by: _____	
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	