



# 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:** \_\_\_\_\_ - \_\_\_\_\_

<b>Affected Account(s)</b> <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.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
My commission expires:

**Bank Use Only**

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