

Citizens National Bank
CHANGE OF ADDRESS/CONTACT INFORMATION

Customer Name(s): _____

Last Four Digits of SSN #: _____

Request Date: _____

Effective Date of Change: _____

Employee Initials: CB "C"

******* Old Address (or Permanent for Seasonal) *******

Mailing: _____
If different _____
Physical: _____

******* New Address (or Seasonal) *******

Mailing: _____
If different _____
Physical: _____

Seasonal Address Dates: From: ____/____/____ To: ____/____/____
MM DD MM DD

Circle Accounts or List Account Numbers Affected:

Checking _____/_____ Loan _____ Land Contract _____
Savings _____/_____ Safe Deposit _____ Stockholder _____
IRA _____ COD _____

I certify that I am authorized to make this change and that all information is correctly submitted for the sole purpose of updating my address(s) at Citizens National Bank.

Customer Signature(s): _____ Date: _____

Signature Required for Mailing Address Updates

******* New Contact Information *******

ONLY Phone number(s) & Email address changes are allowed
via telephone call with proper identification

Email Address: _____
Home Phone: _____ **Bus Phone:** _____ **Cell Phone:** _____

Use & circle 3 of the following verification methods:

- ~~1. Last 4 digits of SSN~~ ~~2. Most recent activity to CNB account (use information available)~~
~~3. Joint owner or beneficiary name on account~~ ~~4. Mother's maiden name (if available)~~
5. Other _____

This completed document should be returned via U.S. Post or by Fax (231-627-5868).
To help prevent identity theft, DO NOT E-MAIL the completed form!

Internal Use:
Port(s) _____ Verification Method: _____ By: _____ Date: _____
_____ In Person _____
_____ Photo ID _____ # _____
_____ Sig Card _____ Acct# _____
_____ Other _____

Processed Date: _____ **Processed By:** _____ **F/M Verified:** _____