Citizens National Bank of Cheboygan
Change of Address/Contact Information

Customer Name(s): _____

Last Four Digits of SSN: _____ Date of Request: _____

Please update/confirm your current contact information:

Email: _____

Home Phone: **Cell Phone:** **Work Phone:**

Old Address

Street

City, State Zip

New Address

Mailing Address:

Street

City, State Zip

If your mailing address is a PO Box, please also list your street address below:

Street

City, State Zip

Is this a Seasonal Address? ☐ **Yes** ☐ **No** **If yes, please complete below:**

I am leaving on: _____/_____, and will return on: _____/_____.
MM/DD MM/DD

☐ Each Year ☐ This Year Only

Please change my address on: ☐ **ALL OF MY ACCOUNTS, or** ☐ **ONLY THE FOLLOWING ACCOUNTS:**

☐ Checking Account ☐ Certificate of Deposit ☐ Shareholder

☐ Savings Account ☐ Land Contract ☐ Other-

☐ Loan ☐ Safe Deposit Box ☐ Other-

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

Customer Signature: _____

This completed form should be returned via U.S. Post or by Fax 231-627-5868. Prevent Identity Theft-Please do not Email completed form.

For internal use only:

Port(s): _____

_____

Comments: _____

_____

Verification Method: By: _____ Date: _____

In Person: _____

Photo ID/Type & # _____

Sig Card Acct # _____

Other: _____

NOTE: ONLY phone number and Email address changes are permitted via a telephone call with proper verification.

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