



**CITIZENS BANK  
& TRUST CO.**

**REQUEST FOR CHANGE OF ADDRESS**

Effective Date: \_\_\_\_\_

Initials: \_\_\_\_\_

**NAME(S):** \_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**NEW ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CURRENT PHONE:** \_\_\_\_\_

**DO YOU USE CB ONLINE BILL PAY:    YES    OR    NO    (CIRCLE)**

**Customer Authorization: I authorize Citizens Bank & Trust Co. to make the above changes to my address.**

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Date**

**Internal Bank Use Only:**

Entire Port (Y/N): \_\_\_\_\_

IF NOT, change the following accounts:

DDA Accts: \_\_\_\_\_ SAV accts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CD's: \_\_\_\_\_ LOANS: \_\_\_\_\_