



Address Change Request Form

Name(s): _____

Change of Address	
<u>Old Address:</u>	<u>New Address:</u>
_____	_____
_____	_____
_____	Effective Date: _____

Updated Phone Numbers	
Home Phone Number: (____) ____ - ____	Bus Phone Number: (____) ____ - ____
Cell Phone Number: (____) ____ - ____	For: _____ (List Name)
Cell Phone Number: (____) ____ - ____	For: _____ (List Name)

Other Services	
Do you use CB Online Bill Pay:	Yes or No (please circle)
Do you have an ATM/Debit Card(s):	Yes or No (please circle)

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

Customer Signature _____ Date _____

Internal Use Only			
Entire Port? (Y/N) _____	ATM/Debit Card? Y/N	If Yes, send form to Data Entry	
If No, change the following accounts:	Bill Pay Customer? Y/N	Done by: _____	
DDA Accts: _____	SAV Accts: _____	ATM/Debit: _____	
CDs: _____	Loans: _____	_____	
Address Changed By: _____	Date: _____	Taken By Initials: _____	