



Address Change Request Form

() Permanent

() Seasonal

Effective: _____

From _____ To: _____

Name(s): _____

Change of Address	DETACH SEASONAL ADDRESS	<input type="checkbox"/> IRA ADDRESS EMAIL DEIDRA,CRYSTAL,DEB
<u>Old Address:</u>	<u>New Address:</u>	
_____	_____	
_____	_____	

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

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: _____
CD/IRA: _____	Loans: _____	SDB: _____
Address Changed By: _____		Date: _____
		Taken By Initials: _____