

Change of Address Form

Please complete, print, sign and date this form and return it to Bank1st. As soon as we receive this form, we will change your address.

Account Name	
Other Account Holders to Change (Ex: spouse, children, etc.)	
Old Address (physical street address)	
P.O. Box (if applicable)	
City	State / Zip
New Address (physical street address)	
PO Box (if applicable)	
City	State/Zip
Email	
Phone	Effective Date

Please indicate the account(s) to be changed:

Account Number(s)

	Checking Account(s)	
	Savings Account(s)	
	1st Rate MM Savings Account(s)	
	Certificate(s) of Deposit	
	Loan(s)	
	Safety Deposit Box	
	Debit/ATM Card(s)	
	VISA and/or MasterCard	
	Blue Book Farm Customers	
	Bill Pay	
	Secondary CSR Review	

Authorized Signer

FOR INTERNAL USE

Reviewed

SS#

Document Scanned

Signature Scanned

Date