Change of Address Form

Please complete, sign and date this form and return it to Bank 1st in the enclosed self-addressed envelope. 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)	
City	State / Zip
New Address (physical street address)	
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 Department/Loans _____
- ☐ Safety Deposit Box _____
- ☐ Debit/ATM Card(s) _____
- ☐ Blue Book Farm Customers _____
- ☐ Bill Pay _____
- ☐ Secondary CSR Review _____

_____
Authorized Signer

_____
Date

FOR INTERNAL USE

_____ Reviewed
_____ SS#_____
_____ Document Scanned
_____ Signature Scanned