

Change of Address or Name

DATE: _____

SSN/TIN #: _____

**PRESENT
NAME AND
ADDRESS**

Name: _____ Phone: _____

Address: _____ Email: _____

City _____ State: _____ Zip: _____

**NEW
NAME AND
ADDRESS**

Name: _____ Phone: _____

Address: _____ Email: _____

City _____ State: _____ Zip: _____

ACCOUNT NUMBER(S) TO CHANGE

- PLEASE INDICATE YOUR ACCOUNTS BY CHECK MARK
- | | | | |
|--------------------------|-------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Regular Checking: _____ | <input type="checkbox"/> | Safety Deposit Box: _____ |
| <input type="checkbox"/> | IRA: _____ | <input type="checkbox"/> | Loan: _____ |
| <input type="checkbox"/> | Savings: _____ | <input type="checkbox"/> | Insurance: _____ |
| <input type="checkbox"/> | CD: _____ | <input type="checkbox"/> | Cash Card: _____ |
| <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> | Other: _____ |

OR

Please change address for all accounts

Comments: _____

Customer Signature

Taken By: (UB Employee Name)

For Deposit Operations Use Only

Initials: _____

Date: _____