

CIF #

CIF #

### CHANGE OF ADDRESS REQUEST FORM

Please complete this form and return it to us in the envelope provided. To ensure accuracy, please list all account for which you would like your address changed. If you need additional space, please continue on the back of this form. Thank you.

Name(s) All account holders: \_\_\_\_\_

Name	Home	Work	Cell

New PHY/CIF Address  
City, State, Zip

Change CIF  
Address

New Mailing Address  
City, State, Zip

Same as PHY  
Address

Name		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
Email Address				
Name		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
Email Address				
Name		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
Email Address				
Name		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
Email Address				
Name		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
Email Address				

Checking Account #(s)	Savings Account #(s)	CD Account #(s)	Debit Card #(s) last 4
IRA Account #(s)	Loan Account #(s)	Safe Deposit Box #(s)	

Special Instructions: (i.e. hold statement, special address for notices, etc.)

Customer Signature: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by a Citizens Bank employee:**

Employee Name:	Branch:
iCore Changes Completed by:	Date:
Reviewed/Audited by:	Date:
OLB Information Changed by:	Date:
Reviewed/Audited by:	Date: