

Please check one:

Cust ID# MMC/ATM

SDB#

ECB

PERSONAL CHANGE OF ADDRESS REQUEST FORM

Please use a separate form for each person in your household to request address changes. This form may also be used to change the address on a specific account without changing the address on all of your accounts. Bank policy requires that the change of address requests cannot be completed without proper customer authorization. Therefore, all adults requesting a change of address must sign the form. A parent or guardian must sign for a child.

☐ Individual (This selection will	change the ac	ldress on all	accounts which the perso	n is a tax owne	er)			
☐ Specific(s) Account		,		,		(only the	account indicat	ed will be changed)
Please Type or Print								
Personal Information	Old Address Information			New Address Information				
Name	Street (Required) Suite #			Street (Required) Suite #				
Social Security #	P.O. Box (Op	tional)		P.O. Box (Optional)				
	City, State, Zip (Required)			City, State, Zip (Required)				
	Telephone (Required)			Telephone (Required)				
	e-mail address			e-mail address				
Do you have a Debit Mast Do you rent a Safe Depos Any changes requested on t	it Box at	Dean Ba	nk?	Yes Yes ays to proc	No No ess.			
A returned mail fee of \$5.00 request, or if the above infor					-		-	cution of this
By signing below I verify the ac	curacy of tl	ne above i	nformation.					
SignatureDate								
BANK USE ONLY								
			Processing:			Initials	Date	
			Change Processed					
Received by	Date		Lockout Removed					

Account Mail Restriction Removed

Held Mail forwarded to new address

Fee Assessed

Reviewed By: Date:

Initials

Date