

CHANGE OF ADDRESS FORM

1. **Date** _____

2. **Name** _____

3. **Account Number** _____

4. **Changes Apply to:**

(mark all that apply)

Self Only

All Account Holders

Non-Profit Organization

Authorized signer

Beneficiary

Power of Attorney

5. **Type of Address:**

Residential

Commercial

Alternate Mailing:

Effective Date _____

Expiration Date _____

6. **New Address** _____

7. **New Telephone Number** (_____) _____ - _____

8. **Previous Address** _____

Do you want to provide us with your e-mail address for Atlas Bank's marketing purposes?

Yes

No

9. **E-mail Address** _____

Signature

Signature

For bank use only:

Accepted by _____ on _____