



CHIPPEWA VALLEY BANK

Address or Contact Info Change Request

The protection of your confidential records is important to us. To ensure the security of your personal information, your signature is required to change your address. **Please complete a separate form for each adult ONLY if the person(s) completing this form is not an owner/signer of all accounts affected.**

Date of Request: _____ **Effective Date:** _____

Customer Name: _____ **Name ID#:** _____
First Middle Last

Customer Name: _____ **Name ID#:** _____
First Middle Last

Organization or Business Name: (if applicable) _____

Are there any minors affected by this change? Yes No

Is this a seasonal address change? Yes No

Are we keeping the old address on file? Yes No

Old Address ID# (_____)

New Address ID# (_____)

(Include physical address for PO Boxes)

Old eMail Address: _____

New eMail Address** _____

**If you are currently enrolled in eStatements an eStatement Enrollment Authorization form must also be completed.

Has any of your other contact information changed?

Home Phone #: _____ New Home Phone #: _____

Work Phone #: _____ Ext: _____ New Work Phone #: _____ Ext: _____

Cell Phone #: _____ New Cell Phone #: _____

Fax #: _____ New Fax #: _____

Account numbers affected by this change: _____

Please Note: This address change is only applicable to the accounts on which you are an owner/signer.

Customer Signature _____ **Date** _____

Customer Signature _____ **Date** _____

CVB Office Use Only

Rec'd by: _____ Rec'd in person? _____ Maintenance by: _____

Date: _____ Callback to: _____ Date: _____

Port #: _____ Callback Result: _____ Confirmation: _____

Dates Contact Attempted

Called: _____ Emailed: _____ Letter Sent: _____

