PREMIER
COMMUNITY BANK

CHANGE OF ADDRESS FORM

Port # _____ (for Bank use only)

Name #1 (first, middle initial, last) _____ Social Security Number _____

Name #2 (first, middle initial, last) _____ Social Security Number _____

Old Address _____ New Address _____

City-State-Zip _____ City-State-Zip _____

Old Phone Number _____ New Phone Number _____

Old Business Phone _____ New Business Phone _____

List the names of other account holders in your household whose address should also be changed.

Name _____ Name _____

Name _____ Name _____

Check One: _____ Change all accounts _____ Change only the accounts lisited

_____ _____

_____ _____

_____ _____

Signature _____ Date _____

For Bank Use Only

Date Received _____ By_____ Date Verified _____ By_____

Date Changed_____ By_____ Date Checked_____ By_____