



PREMIER COMMUNITY BANK

CHANGE OF ADDRESS/PHONE NUMBER/EMAIL FORM

Name 1: _____

Tax ID Number: _____

Name 2: _____

Tax ID Number: _____

Please Select One:

Change of Address:

Change of Phone Number:

Change of Address & Phone Number:

Change of Email:

Previous Address/Phone Number:

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

New Physical Address /Phone Number:

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____

New Mailing/Seasonal Address: (If different from Physical Address above)

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____

Seasonal Address

Effective dates for seasonal address: _____ Roll dates for next season: Yes
to _____ No

Accounts To Be Affected by New Mailing Address (list all applicable account numbers)

- CHECKING _____
- SAVINGS _____
- CD/IRA _____
- LOANS _____
- OTHER _____
- ALL ACCOUNTS _____

Any Other Changes:

Customer Signature

Date

Date Received _____ By _____ Date Verified _____ By _____
 Date Changed _____ By _____ Date Verified _____ By _____