

For Internal Use Only

Received: By: _____ Date: _____
 In Person Secure Message Fax Mail Dual Letter Sent: _____ ID Verification Method: _____
 ID type/# _____ CIP verified by phone _____
 FISERV Completed Date: _____ By: _____ Date to Change Address: _____
 List of Relationships attached _____
 (**Accounts & Ports being changed)
 **BBW Completed Date: _____ By: _____
 ***Int. Bkg. Completed Date: _____ By: _____
 Bill Pay Completed Date: _____ By: _____

ADDRESS CHANGE REQUEST

Evergreen National Bank P.O. Box 2020 Evergreen, Co. 80437 303-674-2700 Fax 303-674-7548

Please complete this form as soon as you know your new address, tell us when it will become effective, and mail or deliver the form to us.

Customer Name(s) _____
Account Title(s) if different from Customer Name(s) Effective Date

Old Address (Include Street, PO Box, and City, State and Zip Code)

New Address (Include Street, PO Box, and City, State and Zip Code)

New Phone Number-Home	Work Phone	SS# or TIN
_____	_____	_____
Cell Phone Number	E-Mail Address	
_____	_____	

Please indicate affected accounts/ products

Checking	# _____	Internet Banking	***Access ID	# _____
	# _____		Certificate of Deposit#	_____
Savings	# _____	Safe Deposit	#	_____
	# _____	Loan(s)	#	_____
ATM/ Debit Card	# _____		#	_____
	# _____	**Credit Card	#	_____

X _____
Authorized Signer Date

Notarized signature, requested only if faxed or mailed.

STATE of _____, County of _____
The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by _____.
My commission expires _____

WITNESS my hand and official seal.

Notary Public