

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 for Accounts & Ports being changed _____

**BBW Date Completed: _____ By: _____
Bill Pay Date Completed: _____ By: _____

Portfolio Number: _____

ADDRESS CHANGE REQUEST

Evergreen National Bank PO Box 2020 Evergreen CO 80437 303-674-2700 Fax 303-674-7548

Please complete this form with your new address & indicate when it will become effective. (It can be mailed or delivered to any of our locations.)

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 Home Phone Number

Work Phone

SS# or TIN (Required)

Cell Phone Number

E-Mail Address

Please indicate affected accounts/ products

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

X _____
Authorized Signer

Date

Notarized Signature (Required only if faxed or mailed)

STATE of _____, County of _____

The foregoing instrument was acknowledged before me this ___ day of _____, 20___ by _____.

WITNESS my hand and official seal.

My commission expires: _____

Notary Public