



## PERSONAL / BUSINESS CHANGE OF ADDRESS REQUEST FORM

Please use a separate form for each person and or business to request address change. This form may also be used to change the address on a specific account without changing the address on all of your accounts. Bank policy requires that the change of address requests cannot be completed without proper customer authorization.

**Therefore, all adults requesting a change of address must sign the form. A parent or guardian must sign for a minor.**

**Please check one:**

- ☐ **Individual** (This selection will change the address on all accounts which the person is a tax owner)
- ☐ **Minor**
- ☐ **Business**
- ☐ **Specific(s) Account** \_\_\_\_\_, \_\_\_\_\_ (only the account indicated will be changed)
- ☐ **Seasonal Change of address: Date From:** \_\_\_\_\_ **Date To:** \_\_\_\_\_

Please Type or Print

Personal Information	Old Address Information	New Address Information
Individual or Business Name	Street (Required) Suite #	Street (Required) Suite #
Social Security # or EIN #	P.O. Box (Optional)	P.O. Box (Optional)
DOB	City, State, Zip (Required)	City, State, Zip (Required)
	Cell Phone (Required)	Cell phone (Required)
	Other Phone (Please specify)	Other Phone (Please specify)
	e-mail address	e-mail address

Do you have a Debit MasterCard?	Yes	No	SDB# _____
Do you rent a Safe Deposit Box at Dean Bank?	Yes	No	
Do you have an IRA?	Yes	No	

A returned mail fee of \$5.00 will be assessed if mail has been returned to the bank prior to the receipt and execution of this request, or if the above information be deemed inaccurate or incomplete by the United States Postal Service.

By signing below I verify the accuracy of the above information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR BANK USE ONLY		
Branch Use Only	Initials	Date
Received By:		
Customer ID#		
Operations Dept Use Only		
Change Processed:		
Lockout Removed:		
Account Mail Restriction Removed:		
Fee Assessed:		
Reviewed By:		