

Form Completion Instructions

- SECTION 1:** Check the appropriate box and the effective date of the change.
Note: All accounts within your household will be changed when you check “Entire Family”.
- SECTION 2:** Please note all names, account holders, effected by this change request. For both the old address and new address, we will need a physical street address if either the old or new address is a PO Box number.
- SECTION 3:** Complete as much identifying information as possible. If “Other ID” line is used, please identify type and number (i.e. Passport ID, Military ID, etc.)
- SECTION 4:** It is necessary in this section to please check all accounts affected by this change request. You may attach a separate sheet if you have more certificates of deposit, or insufficient room to list all account products you may have with Union Bank.
- SECTION 5:** “Authorized Signature” and date must be completed to activate change of address request. Phone request must be signed by person completing the change of address request after verification of all pertinent information.

Questions concerning the change of address form can be directed to the telephone number at the top of the “NOTIFICATION FOR CHANGE OF ADDRESS”.

NOTICE FOR CHANGE OF ADDRESS

Section 1: Who is moving and when?

Individual Entire Family Business Date Effective: _____

Note: Marking "Entire Family" will change the address of all members and accounts within your household.

Section 2: Name and Address

Names: _____	Contact Information
_____	Home Telephone # _____
Old Address:	Work Telephone # _____
Street Address _____	Cellular Telephone # _____
City, State, Zip _____	E-mail Address _____
New Address:	Physical Address (if different from new address)
Street Address _____	_____
City, State, Zip _____	_____

Section 3: Identifying Information (Primary Account Holder)

SSN/EIN: _____	Driver's Lic./State ID Number: _____
Date of Birth: _____	State Issued: _____
Other ID: _____	Expiration Date: _____

Section 4: Product Relationships

(Please check all that apply and include account number. Only accounts indicated will be changed.)

<input type="checkbox"/> Checking	<input type="checkbox"/> Loan(s)	Port #'s _____
<input type="checkbox"/> Savings	<input type="checkbox"/> Safe Deposit	_____
<input type="checkbox"/> CD	<input type="checkbox"/> Credit Card	_____
<input type="checkbox"/> IRA	<input type="checkbox"/> Trust/Investments/CSPN	Acct #'s _____

Section 5: Signature and Date Authorized signature and date are required for valid address change. Two signer accounts require both signatures.

Signature _____ Date _____

Signature _____ Date _____

Bank Use Only

Accepted by: _____ Branch/Location _____ Input Initials _____