

Change of Address Form

Print – Fill Out – Return to
The Commercial Bank



Phone: 706-743-8184

P. O. Box 306 • Crawford, GA 30630

Who is moving and when?

Individual Business Date Effective: _____

Identifying Information Of Customer Requesting Change

Name: _____ SSN #/TIN #: _____

Name And Address

Names:

Contact Information:

Home Phone _____

Work Phone _____

Old Address:

Street _____

Cellular Phone _____

City/ST/Zip _____

Email _____

New Address:

Street _____

Physical Address: (if different from new address)

Street _____

City/ST/Zip _____

City/ST/Zip _____

List ALL Account Numbers That Need To Be Changed

Type

Account Numbers

- Checking _____
- Savings _____
- CD/IRA _____
- Debit Card _____
- Loan _____
- Safe Deposit _____
- Other _____

Signature And Date

Authorized Signature: _____ Date: _____

The person requesting change of address on any account must be an owner who has signed the signature card or has a Power of Attorney for the account owner listed above.

For Bank Use Only

Received by: _____ Date: _____

Processed by: _____ Date: _____

Processed by: _____ Date: _____