



NOTICE OF CHANGE OF ADDRESS

Date: _____

Name: _____

Home Telephone Number: _____ Work Telephone Number: _____

Home Email Address: _____ Work Email Address: _____

Primary Courier Secondary Mailing Address Seasonal Multiple Mailing Address

NEW ADDRESS

Street: _____

City, State and Zip Code: _____

Please note that if a P.O. Box is used above, you must furnish a street address below.

Street: _____

City, State and Zip Code: _____

ACCOUNTS AFFECTED

	Checking	Savings	Money Market	IRA/DCP*	Certificate of Deposit
1					
2					
3					
4					
5					
	ATM/Debit Card	Loan	Lease	Merchant Account	Safe Deposit Box
1					
2					
3					
4					
5					

Thank you for contacting us with your address change.

Authorized Signer

Authorized Signer

BRANCH USE

ELECTRONIC BANKING USE

Date Address Change Received: _____
 (Calculate 45 Days from Received Date for Addenda)
 Added 45 Day Priority Misc Addenda: _____
 Port Numbers: _____
 Date Sent to EB: _____
 *Date Notice sent to Lincoln Trust Company: _____
 Branch Number: _____
 Prepared By: _____
 Approved By: _____

Date Received: _____
 Received By: _____
 Input By: _____