

Coastal Commerce Bank

ACCOUNT CHANGE OF ADDRESS FORM

(FORM MUST BE COMPLETED FOR EACH CUSTOMER RECORD)

Account Name:
Customer Number:

Date:

| | | |
|------------|------------|------------|
| Home Phone | Work Phone | SSN or TIN |
|------------|------------|------------|

| | | | | |
|-------------------------|--------------------|--------|----------|--|
| Physical Address | Old Address | Street | | |
| | City | State | Zip Code | |
| New Address | Street | | | |
| | City | State | Zip Code | |

| | | | | |
|------------------------|--------------------|--------|----------|--|
| Mailing Address | Old Address | Street | | |
| | City | State | Zip Code | |
| New Address | Street | | | |
| | City | State | Zip Code | |

Please indicate the account numbers to be changed. (Include CIS screens by Name and SSN)

- Personal Checking Accounts

- NOW/Money Market Accounts/Savings/Certificates of Deposits

- Consumer/Real Estate/Commercial Loans

- Safe Deposit Box/Other

Change request received: In Person Mail Phone

Customer Signature: _____ Date: _____

| Branch/Department Information |
|--|
| <input type="checkbox"/> CIS & Customer records verified to determine all accounts. (screen prints must be attached to this form) Employee: _____ Date: _____ |

| Deposit Operations |
|--|
| <input type="checkbox"/> CIS & Customer records verified to determine all accounts. <input type="checkbox"/> Address Change performed on system. Employee: _____ Date: _____ |
| <input type="checkbox"/> Address Change confirmation notice mailed to "old address". Employee: _____ Date: _____ |