



**ADDRESS CHANGE REQUEST**

As a precautionary measure against unauthorized changes on your accounts, please sign in the designated area below and return this form to any branch location.

Please verify the information below and notify us immediately if there are any discrepancies. *Upon receipt of this signed form we will change your address as follows:*

**New Physical Address**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Old Physical Address**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**New Mailing Address**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Old Mailing Address**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

List all accounts this change of address effects:

Account Number	Account Number	Account Number

By signing below, you authorize the above address change on the accounts listed.

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

You may also mail this form to: Cornerstone Bank ½PO Box 309 ½Eureka Springs AR 72632

**FOR BANK USE ONLY:**

Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

Verified By: \_\_\_\_\_

**Check when changed:**

- 50. MSA- GEO code: \_\_\_\_\_
- 55. E-mail Address
- 90. Home Phone
- 29. Work Phone
- 908. Cell Phone

<u>Rec'd</u>		<u>Initials</u>
_____	Deposits	_____
_____	Data Proc	_____
_____	Loans	_____
_____	Debit Cards	_____
	(Shazam)	