



Peoples National Bank

Authorization for Address Change



In Person
 Telephone
 Fax
 E-Mail
 Mail

Old Address:	New Address:
Phone Number:	Phone Number:

CIF Numbers of Individuals that are changing their address to the new address:			
CIF #	Customer Name	DOB Add/Chg.	Driver's License Add/Chg.

List any accounts that "have alternate address" that "need to be changed to the new address"		
CIF #	Account #	Type

Accounts that are "NOT" to be changed		
On these accounts the old address will become the alternate address		
List the account # and Type of account with the Primary Person's CIF #:		
CIF #	Account #	Type

Customer Identified By:
<input type="checkbox"/> Customer Personally Known
<input type="checkbox"/> Valid Photo Identification
<input type="checkbox"/> Compared Signature with Signature on File
-For Back Office Use Only-
<input type="checkbox"/> PNB Online Secure Message System
<input type="checkbox"/> Matches E-mail address on File

Customer's Signature _____ *

Date _____ *

Preparer's Signature _____ *

Date _____ *