



ALBINA COMMUNITY BANK
Change of Address Information Form

DATE: TIN: PORT:

Old Account Information: Account Name, Address, State, Zip Code, E-Mail, Phone, City

New Account Information: Physical Address, Mailing Address, State, Zip Code, E-Mail, Phone, City

PLEASE CHANGE ADDRESS ON THE FOLLOWING ACCOUNT NUMBER(S)

- REGULAR CHECKING, SAVINGS, IRA, TIME DEPOSIT, OTHER, SAFETY DEPOSIT BOX, LOANS, DEBIT/ATM CARD, VISA, OTHER, OTHER

ACCOUNT HOLDER'S SIGNATURE TAKEN BY (BANK EMPLOYEE)

ID Verified By: MMN, KNOWN, DL#, OTHER, State Issued, Issue Date, Exp Date, SIG CARD

BANK USE ONLY
Branch Responsibilities: Signature Card(s) Updated, Forward to Operations Administration
Operations Administration's Responsibilities: ITI System Updated, EFT System Updated, Return Mail Checked, Credit Card Updated