

COLOMBOBANK

ESTABLISHED 1914

ADDRESS CHANGE FORM

(TO BE COMPLETED BY CUSTOMER- Please print)

Please complete this form, sign it and return it to **Colombo Bank, Attn: Deposit Operations, 1600 East Gude Drive Rockville, MD 20850** or your local branch. Please keep a copy for your records.

Account Holders (if there are additional names on the account please list on another sheet)

First Name: _____ M.I. _____ Last Name: _____

First Name: _____ M.I. _____ Last Name: _____

Business Name: _____

Old Mailing Address

Address 1: _____

Address 2: _____

City/Town: _____ State: _____ Zipcode: _____

Home Phone: _____ Work Phone: _____

New Mailing Address*

Address 1: _____

Address 2: _____

City/Town: _____ State: _____ Zipcode: _____

Home Phone: _____ Work Phone: _____

***Is this a temporary/seasonal address?** **Yes** **No** If yes, when should the previous address be reinstated? ____/____/20____

****Due to Patriot Act requirements, if you have changed your address to a P.O. Box, we will also require your updated physical address****

Accounts

Please change my address for ALL account(s)

Please change only those accounts listed below (use separate sheet for add'l. acct's)

Account #: _____ Account type*: _____ Account #: _____ Account type: _____

Account #: _____ Account type: _____ Account #: _____ Account type: _____

Account #: _____ Account type: _____ Account #: _____ Account type: _____

(*Account type: **DDA** = checking, **SAV** = savings, **CD** = certificate, **Loan**)

Signature: _____ / ____ / ____ Signature: _____ / ____ / ____

FOR BANK USE ONLY

Date Rec'd.	Accepted By:	Rec'd By: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> In Person	Verification Method: <input type="checkbox"/> Sig. Card <input type="checkbox"/> DL# _____ State _____ Exp. _____ <input type="checkbox"/> Call Time _____ AM/PM Contact Name _____	
Dep. Ops.	Date Rec'd:	Date Processed:	Account Updated By:	Reviewed By: