

**Change of Address or Name Form**

DATE: \_\_\_\_\_

SSN/TIN #: \_\_\_\_\_

**PRESENT  
NAME AND  
ADDRESS**

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

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**NEW  
NAME AND  
ADDRESS**

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

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ACCOUNT NUMBER(S) TO CHANGE**

PLEASE  
INDICATE  
YOUR  
ACCOUNTS  
BY CHECK  
MARK

Regular Checking \_\_\_\_\_

IRA: \_\_\_\_\_

Savings: \_\_\_\_\_

CD: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Safety Deposit Box: \_\_\_\_\_

Loan: \_\_\_\_\_

Insurance: \_\_\_\_\_

Cash Card: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**OR**

Please change address for all accounts

Comments: \_\_\_\_\_

\_\_\_\_\_

Customer Signature

Received by: (UB Employee Name)

**For Deposit Operations Use Only**

Initials: \_\_\_\_\_

Date: \_\_\_\_\_