



# CHANGE OF ADDRESS

ADDRESS CHANGE TYPE:  PHYSICAL  MAILING

NAME: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_ APT / UNIT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_ APT / UNIT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NEW TELEPHONE: \_\_\_\_\_ OLD TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please change the address on all accounts, EXCEPT the following:

Account # \_\_\_\_\_ Account # \_\_\_\_\_

Account # \_\_\_\_\_ Account # \_\_\_\_\_

Account # \_\_\_\_\_ Account # \_\_\_\_\_

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

(Must match signature on file)

Please fill out this form in its entirety and return the signed, original copy to:

City Bank & Trust Company  
Attn: Customer Service Department  
P.O. Box 246  
Natchitoches, LA 71457

