



CHANGE OF ADDRESS

Verified By:

*LAST FOUR OF SSN/TIN _____

Name (as it appears on your driver's license) _____

New Physical Address _____ Apt/Unit #: _____

City/State _____ Zip _____

New Mailing Address _____ Apt/Unit #: _____

City/State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____

Email Address _____

By signing below, you are authorizing us to change the address on the below listed accounts:

All Account(s)

Selected Account(s) Account # _____ Account # _____

Account # _____ Account # _____

Customer Signature _____ Date _____

Employee Signature _____ Date _____

PLEASE FILL OUT THIS FORM IN IT'S ENTIRETY AND RETURN THE SIGNED, ORIGINAL COPY TO:

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