



Change of Address Form

- New Address
 Multiple Mailing
 Adding new PO BOX **keep** Physical
 Seasonal Address (Dates: From: _____ To: _____)

(Include First, Middle Initial and Last Name) *Name: _____	(Example: Jr/Sr) Suffix: _____
*New Address: _____	*Old Address: _____
*City, State, Zip: _____	*City, State, Zip: _____
*Home/Cell Phone Number: _____	Work Phone Number: _____
Place of Employment: _____	E-mail address: _____
*Driver's License/ID Number: _____	*State: _____ *Issue Date: _____ *Expiration Date: _____

*Account Type	*Account Numbers	*Account Type	*Account Numbers
Choose		Choose	
Choose		Choose	
Choose		Choose	

Century Bank and Trust cares about your security, choose one of the following options as a form of verifying your identity:
***Indicates Required Fields**

Option 1: with Notary Public
 By signing below, you indicate that you authorize the above changes made to your information with Century Bank and Trust.

*Date: _____ Customer Signature: _____
 Have a Notary complete verification: Notary Signature: _____
 County: _____
 Expiration Date: _____

Option 2: with phone call
 Sign and date - One of our Customer Service Representatives will contact you to complete verification of your identity

By signing below, you have indicated that you would like all changes made to your information with Century Bank and Trust.

*Date: _____ *Signature: _____

Option 3: in person
 Customer in Person (Required to be completely filled in)

Today's date _____ *Customer's Signature _____
 Identification used: _____ ID # _____
 State or country of issue: _____ Expiration Date _____

BANK USE ONLY

***Mailed information to customer by CSR:** _____ **Date:** _____
*** Information verified By CSR:** _____ **Date info taken:** _____
Verified by Bookkeeping: _____ **Date verified:** _____ **Port #** _____
Bill Pay verification by E.S. _____
 Please Scan and email to addresschange@centurybt.com