



# 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: with Century Bank and Trust Employee - 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:**

Obtained in person by: \_\_\_\_\_ Ext #: \_\_\_\_\_ Date: \_\_\_\_\_  
 or  
 Mailed to customer by: \_\_\_\_\_ Ext #: \_\_\_\_\_ Date: \_\_\_\_\_  
 If not in person or notarized, call back verification by: \_\_\_\_\_ Ext #: \_\_\_\_\_ Date: \_\_\_\_\_

---

Form verified in Operations by: \_\_\_\_\_ Date: \_\_\_\_\_ Port # \_\_\_\_\_  
 Navigator input performed by: \_\_\_\_\_ OB\BP input by: \_\_\_\_\_ Date: \_\_\_\_\_

Bank employees, please scan and email to [addresschange@centurybt.com](mailto:addresschange@centurybt.com)