

Instructions:

- To change your address by telephone (requires an ATM PIN), or if you have any questions about completing this form, please call Telephone Banking at **(800) 238-4486, or**
- Complete (Print or type clearly), sign, and deliver to your Branch or mail to:
Bank Operations Support T-64E-5510, P.O. Box 60368, Phoenix, AZ 85082-0368

What type of change are you requesting? ▶ <input type="checkbox"/> Where I live and where my statement is delivered <input type="checkbox"/> Only where I live <input type="checkbox"/> Only where my statement is delivered	When do you want the changes to take effect? ▶ <div style="border: 1px solid black; padding: 2px; font-size: small;">EFFECTIVE DATE (NOT TO EXCEED THREE MONTHS)</div>
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Personal Information Provide name as it appears on your statement.	PRIMARY ACCOUNTHOLDER
	SECONDARY ACCOUNTHOLDER
	ADDITIONAL ACCOUNTHOLDER

New -- Provide new address / phone number(s) Note: For a P.O. Box, a home address is required.	DOMESTIC ADDRESS CITY STATE ZIP
	FOREIGN ADDRESS
	CITY STATE/PROVINCE COUNTRY POSTAL CODE
	TELEPHONE NUMBER--Home () TELEPHONE NUMBER--Business ()
<input type="checkbox"/> Check if additional checks are needed with the new address.	

Old (Required) Provide previous or old address	ADDRESS OR P.O. BOX NUMBER CITY STATE ZIP
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Account Information	The following account(s) to be changed:	
	✓ TYPE OF ACCOUNT	ACCOUNT NUMBER(S)
	<input type="checkbox"/> Checking	1 2
	<input type="checkbox"/> Savings	1 2
	<input type="checkbox"/> ATM	1 2
	<input type="checkbox"/> Other (specify):	1 2
	<input type="checkbox"/>	1 2
	<input type="checkbox"/>	1 2
	<input type="checkbox"/>	1 2
	<input type="checkbox"/>	1 2

ADDITIONAL COMMENTS/DETAILS

In order to ensure the privacy and accuracy of your information, an authorized account holder must sign below.

Your Authorization	NAME--ACCOUNT HOLDER/AUTHORIZED SIGNER (Print or type)	SIGNATURE--ACCOUNT HOLDER/AUTHORIZED SIGNER	DATE
		X	
	NAME--ACCOUNT HOLDER/AUTHORIZED SIGNER (Print or type)	SIGNATURE--ACCOUNT HOLDER/AUTHORIZED SIGNER	DATE
		X	
NAME--ACCOUNT HOLDER/AUTHORIZED SIGNER (Print or type)	SIGNATURE--ACCOUNT HOLDER/AUTHORIZED SIGNER	DATE	
		X	

BANK USE ONLY	SUBMITTING BRANCH ID NO.	PROCESSED BY	CALL BACK BY:
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