



# American State Bank

& Trust Company

## CHANGE OF ADDRESS/CIF UPDATE

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Old Physical Address: \_\_\_\_\_ Old Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

New Physical Address: \_\_\_\_\_ New Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code + 4 digit: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Customer(s) Signature (required before updating CIF):**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**For Bank Personnel Use Only:**

List all account #(s) tied to the customer's CIF \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Completed By:** \_\_\_\_\_

**Route to Operations for scanning.**

**\*Attach name change documents if applicable**