

Customer Mailing Address Change Request

Customer's Name: _____

Other Names to be changed by the request:

Current Address on System:

New Address:

Physical Address if mailing
Address is a Post Office Box:

Reason for Change:

Other Changes to Customer Record:

SSN/TIN: _____ DOB: _____

Drivers License: _____ / _____

Number State Issued Expires

Phone Number(s): _____ / _____ / _____

Home Work Cell

Employer: _____

Do you have accounts with: BCT Trust Department YES NO

BCT Investments YES NO

BCT Stock YES NO

Customer Acknowledgement: I hereby authorize the address change as listed
above for my account(s) and customer information records with BCT.

Date: _____

Customers Signature

For internal use only

Taken By: _____

Employee Name Branch Date

Changed By: _____

Deposit Operations Employee Date

Verified By: _____

Deposit Operations Employee Date