



Change of Address Form

Customer's Name(s) OR Account Title (for business accounts)

Social Security Number OR Taxpayer Identification Number

Existing Address

Primary Mailing Seasonal

<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
---------------	---------------	-------------	--------------	------------

New Address

Primary Mailing Seasonal*

<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
---------------	---------------	-------------	--------------	------------

<i>Telephone #</i>	<i>Cell Phone #</i>	<i>E-mail Address</i>
--------------------	---------------------	-----------------------

ALL Accounts

The following accounts:

(select one from above)

Please read: I acknowledge that the information above is current and accurate as of the date of this document. I also agree to notify TCB immediately should any information change or need to be updated.

Customer's Signature

Customer's Signature

Either customer may sign for joint accounts. Changes on individual accounts must be authorized by the signer.

*Seasonal from:	<input style="width: 95%;" type="text"/>	TO	<input style="width: 95%;" type="text"/>
*Seasonal Re-occurring from:	<input style="width: 95%;" type="text"/>	TO	<input style="width: 95%;" type="text"/>

- Is this change for a beneficiary? Yes No
- Do you have a loan with us? Yes No
- Do you have online banking? Yes No
- Do you receive "eStatements"? Yes No

Notes:

<i>Employee Name</i>	<i>***** Employee Initials</i>	<i>Date</i>
----------------------	--------------------------------	-------------

<i>Verifying Employee Name</i>	<i>Employee Initials</i>	<i>Date</i>
--------------------------------	--------------------------	-------------