

# CLNB

## Personal Change of Address Customer Authorization

Dear Customer,

Before we can change your address, we must have your written authorization to do so. The change will only affect those accounts with the SSN/EIN listed below. Please fill out, sign and return to: CLNB, PO Box 512, Union Springs, NY 13160 or Fax: (315)889-7351

Thank you!

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

SSN/EIN: \_\_\_\_\_

Driver's License # \_\_\_\_\_

State Issued \_\_\_\_\_

Issue Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

While a PO Box may be used, we are **REQUIRED** to have a physical address on file

**\*\* Physical\*\***

**\*\*Mailing\*\***

Street: \_\_\_\_\_

PO Box: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_  
Work Home Cell

Phone #: \_\_\_\_\_  
Work Home Cell

E-Mail Address: \_\_\_\_\_

Township: \_\_\_\_\_

\*\*unless specified otherwise, this will change the email address for your internet banking and any enrolled e-statements\*\*

Please change **only** these accounts: \_\_\_\_\_

⊗ \_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Date

FOR BANK USE ONLY

MAILED BY: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_  
DATE MAILED: \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

Special Instructions:

My Computer → Shared → Forms → CLNB Personals

*If this is a seasonal/temporary address or will be a reoccurring change, please list the dates it should be effective below:*

Start: \_\_\_/\_\_\_/\_\_\_

End: \_\_\_/\_\_\_/\_\_\_

Please check to continue annually \_\_\_

**\*\*This will continue until we are notified otherwise\*\***