



## Address Change Form (Complete one form per client)

CLIENT CONTACT INFORMATION		
Client Name		Future Effective Date <i>(If applicable)</i>
OLD Street Address		City, State, ZIP
NEW Street Address		City, State, ZIP
NEW Mailing Address		City, State ZIP
Home Phone ( )	Work Phone ( )	Email Address
Personal Cell Phone ( )	Business Cell Phone ( )	Secondary Email Address
TYPE OF ADDRESS CHANGE (Select One)		
<input type="checkbox"/> <b>Permanent Address Change</b>	<input type="checkbox"/> <b>Seasonal Address Change</b> End Effective Date _____ Recurring Change Yes <input type="checkbox"/> * No <input type="checkbox"/>   *If 'yes', list frequency _____	
<input type="checkbox"/> <b>Alternate Address Change</b> <i>(List affected address accounts below. Not eligible with combined statements.)</i>		
Account #	Account #	Account #
Account #	Account #	Account #

**I AUTHORIZE BANNER BANK TO CHANGE MY ADDRESS AS SHOWN ABOVE.**

**X**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date Signed

### Mail Address Change Form

Print this form for each individual requesting that we update our records. An address change is client-specific and requires authorization from each client before the change will be processed. Once each form is completed and signed, submit to your [local Banner Bank branch](#) or mail to:

**Banner Corporation**  
**ATTN: Address Changes**  
**P.O. Box 907**  
**Walla Walla, WA 99362-0265**

### Customer Contact Center

Please contact us to speak with a representative if you have any questions or require assistance.

**1-800-272-9933** ([During business hours](#))

BANK USE ONLY:			
Branch	CIF #	Combined Statement Yes <input type="checkbox"/> No <input type="checkbox"/>	Debit Card Yes <input type="checkbox"/> No <input type="checkbox"/>
Received By		Date Received	
File Maintenance Completed By		Date Completed	
Once file maintenance address changes have been completed, save the authorization form using <b>Info-Capture</b> .			