



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"/> Permanent Address Change	<input type="checkbox"/> Seasonal Address Change End Effective Date _____ Recurring Change Yes <input type="checkbox"/> * No <input type="checkbox"/> *If 'yes', list frequency _____																																					
<input type="checkbox"/> Alternate Address Change <i>(List affected address accounts below. Not eligible with combined statements.)</i>																																						
Account #	Account #	Account #																																				
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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 Info-Capture .			