

Address or Contact Info Change Request

Please complete a separate form for each adult ONLY if the person completing this form is not an owner/signer of all accounts affected.

Date of Request: _____ **Effective Date:** _____

Customer Name: _____ **Name ID#** _____
First Middle Last

Customer Name: _____ **Name ID#** _____
First Middle Last

Organization or Business Name: (if applicable) _____

Are there any minors affected by this change? YES NO

Is this a seasonal address change? YES NO

Are we keeping the old address on file? YES NO

Old Address ID# () _____

New Address ID# () _____

(Include physical address for PO Boxes)

Old eMail Address: _____

New eMail Address: _____

**** If you are currently enrolled in eStatements an eStatement Enrollment Authorization form must also be completed.**

Has any of your other contact information changed?

Home Phone #: _____ New Home Phone #: _____

Work Phone #: _____ Ext: _____ New Work Phone #: _____ Ext: _____

Cell Phone #: _____ New Cell Phone #: _____

Fax #: _____ New Fax #: _____

Acct #'s and DC #'s affected by this change:

 _____ Portfolio: _____

 Customer Signature Date

 Customer Signature Date

CVB Office Use Only

Who Received Request Info: _____
Date: _____
How Received: _____
If in-person, email to Bruce Office
If by email or phone, send form to customer for signature
If sending to another office for signature, which office: _____
 Printed by: _____ Date: _____

Who Received Signed Form: _____
Date: _____
How Received: _____
If in-person, email to Bruce Office
If mail or email, perform customer call back
 Callback to: _____ Callback Result: .. _____

Bruce Office Use Only

Maintenance by: _____
 Date: _____

Dates Contact Attempted

Called: _____

 Emailed: _____ Letter Sent: _____