



Change of Name/Address Form

(Please print this form, complete the appropriate information and follow instructions at the bottom of the page.)

Name: _____ Date: _____

E-Mail Address: _____

SECTION 1

Please change my name to: _____

Please note my new e-mail address: _____

Please note my new phone number: _____

Please add a name to my account title: _____

SECTION 2

Please change my address **FROM:** _____ To my **NEW** address: _____

On the following account numbers: _____

I do have internet banking. I have an ATM or Debit MasterCard

I do have Bill Payment. I do not have an ATM or Debit MasterCard

Authorized Signature(s): *(Required)*

_____ Phone: _____

_____ Phone: _____

BANK USE ONLY: Office _____ By _____

INSTRUCTIONS:

If you indicated any changes in Section 1, you must deliver this form in person to Team Capital Bank, in order to complete new signature cards. If you only indicated changes in Section 2, you may wish to mail this form to the bank as an alternative to an in-person visit. A Customer Service Representative will contact you to verify your identity and your changes. To obtain the mailing address of your branch, visit our Hours and Locations Page.

PLEASE NOTE: For security reasons, changes to your account will not be made until we are able to contact you to verify account information.