

For your protection, First Financial Bank requires a signature from you before we can change your address for all your bank relationships. If your accounts have joint owners, we will also need the updated information and signature for the joint owner before we can update his/her records with the correct address.

CHANGE OF ADDRESS FORM

CSR Name:

| | |
|--|--|
| Name | CIF Number |
| Social Security/Tax ID # | Date of Birth |
| Driver's License Number | Home Phone Number |
| Cell Phone Number | Business Phone Number |
| Employer | E-Mail Address |
| Checking Account(s) | |
| Savings Account(s) | |
| Certificate(s) of Deposit | |
| Loan(s) | |
| Safe Deposit Box(es) | |
| Line(s) of Credit | |
| New Street Address | Old Street Address |
| | |
| | |
| | |
| New Mailing Address (if different from new street address) | Old Mailing Address (if different from old street address) |
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| | |
| | |

This form will change the address on the account number(s) listed. The address change will occur when Customer Service receives the signed form.

When a statement is returned, it will be mailed or destroyed. A fee will be charged for a reprint.

Please list the name(s) of the person(s) allowed to pick up your statement. _____

Signature: _____

Date: _____

TO:

RETURN TO: