



ADDRESS CHANGE AUTHORIZATION FORM

DATE: _____

Please Note: In order for Bank of New Hampshire to maintain your records as accurately as possible, you must list all members of your household affected by this change.

I (We) hereby authorize Bank of New Hampshire to change my (our) address to read as follows:

NAMES: _____ Name Rec. # _____ SOC. SEC. # _____
_____ Name Rec. # _____
_____ Name Rec. # _____

NEW MAILING ADDRESS: _____

CITY, ST, ZIP _____

NAME TO ADDRESS RELATIONSHIP _____

PHYSICAL ADDRESS: (If a PO BOX is used for mailing) _____

HOME PHONE # _____ BUSINESS PHONE # _____ CELL PHONE # _____
Business Phone Owner: _____ Cell Phone Owner: _____

EMAIL ADDRESS _____ Owner: _____
EMAIL ADDRESS _____ Owner: _____

I am currently a member of:
Prestige Plus ___YES ___NO BNH Financial Services ___YES ___NO Trust Services. ___YES ___NO

Please provide ALL account & debit card numbers you would like to have changed to reflect the new mailing address. (#'s must be listed)

SIGNATURE: _____ SIGNATURE: _____

FOR BANK USE ONLY

REMOVE BAD ADDRESS CODE "B"? ___ YES ___ NO

Bad Address code is attached to account.

CURRENT PORT # (S): _____

COMBINE PORTS? [] YES [] NO NEW PORT REQUIRED? [] YES [] NO

RECEIVED BY: _____ OFFICE: _____ DATE: _____

Additional Information:

BANK OFFICE SUPPORT/OFFICE: _____ DATE: _____ PRESTIGE PLUS REP. : _____ DATE: _____

BNH FINANCIAL SERVICES _____ DATE: _____ TRUST SERVICES: _____ DATE: _____

