



Address Change Authorization Form

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

Customer 1

Name: _____ SSN: _____
 Online Banking User: Yes/No Prestige Plus: Yes/No BNH Financial: Yes/No Wealth Management: Yes/No

Mailing Address: _____ City, State, Zip: _____
 Physical Address: _____ City, State, Zip: _____
 Email Address: _____

Telephone 1: _____ Mobile Home Business
 Telephone 2: _____ Mobile Home Business

Please list **ALL** accounts impacted by this request:

Account #: _____ Account #: _____
 Account #: _____ Account #: _____
 Account #: _____ Account #: _____
 Account #: _____ Account #: _____

Signature: _____ Date: _____

Customer 2

Name: _____ SSN: _____
 Online Banking User: Yes/No Prestige Plus: Yes/No BNH Financial: Yes/No Wealth Management: Yes/No

Mailing Address: _____ City, State, Zip: _____
 Physical Address: _____ City, State, Zip: _____
 Email Address: _____

Telephone 1: _____ Mobile Home Business
 Telephone 2: _____ Mobile Home Business

Please provide **ALL** account, debit card, and loan numbers you would like to have changed relative to this request:

Account #: _____ Account #: _____
 Account #: _____ Account #: _____
 Account #: _____ Account #: _____
 Account #: _____ Account #: _____

Signature: _____ Date: _____

FOR BANK USE ONLY

Remove Bad Address Code: Yes No New Port Required: Yes No
 Combine Ports: Yes No

Received By: _____ Office: _____ Date: _____