

# Change of Address

Please complete and sign. Each accountholder must complete a separate form. Drop-off at any branch, email to customerservice@bankofclarendon.bank, or mail to:



**Bank of Clarendon**  
**Attn: Operations**  
**PO Box 520**  
**Manning, SC 29102**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

(Complete if different from street address)

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Check one:**  Change my address for all accounts **OR**  Change only the accounts listed below

Account Type	Account Number	Account Number	Account Number	Account Number
Checking				
Savings				
CD/IRA				
Loan				
Safe Deposit Box				
Other				

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Internal Use Only

Verified by: \_\_\_\_\_ If received by mail/email, **verify** before making change.

Completed by: \_\_\_\_\_ Scan to **Change of Address** CIF cabinet once completed.

Effective Date: \_\_\_\_\_