

Change of Address Form

Please fax to (406) 842-5570 or (406) 684-5842 or deliver to either Bank office

Customer Name: _____

Current Address: _____

Other Name /AKA/: _____

List of Account #'s: _____

Notification Date: _____

New Address

Mailing Address _____

Physical Address _____

City/State/ Zip+ 4 _____

New Phone: _____

Other Family Members with Accounts

For Bank Use:

Accessed Change: _____ Verified Change: _____

Debit/ATM Updated (If Checked Above) IDP I-Tech

BillPay

Type of Notification:

In Person Telephone Mail Electronic

Verification of Customer:

Known Personally Verification of Acct. # _____

Verification of SSN Verification of Birth date

Verification of CK Acct. # Check Sequence Debit/ATM Cards

Mail Notification Action:

Phone Letter _____