CONCORD BANK

12040 TESSON FERRY ROAD
ST. LOUIS, MISSOURI 63128
PHONE: (314) 843-7770
FAX: (314) 843-9797

AUTHORIZATION OF CHANGE FORM

Dear Customer: Date: _____

Per your instructions, the following changes will be made to your account(s) upon receipt of this signed authorization. Please notify us if the changes are incorrect or if they are incomplete.

If the information is correct, please sign below and return in the enclosed envelope.

Account Title _____

_____

_____
Signature Date

Taxpayer ID #: _____
(Social Security #)

☐ **ADDRESS CHANGE**

OLD ADDRESS

_____
_____
_____
_____

NEW ADDRESS

_____
_____
_____
_____

Old Phone #: _____
Area Code/Number

New Phone #: _____
Area Code/Number

☐ **OTHER CHANGES**

OLD INFORMATION

_____
_____
_____
_____

NEW INFORMATION

_____
_____
_____
_____

Accounts to be affected by this change:

Checking: _____
Savings: _____
Certificate: _____
IRA: _____
Safe Deposit: _____
Loans: _____

ATM: _____
Other: _____
Stock: _____
_____
_____

_____
Representative

OFFICE USE

☐ Port
☐ Prof
☐ C Club
☐ S Sav
☐ IRA
☐ Loan
☐ ATM
_____
_____