

1ST COLONIAL COMMUNITY BANK
TEACHER SUMMER SAVINGS
CHANGE OF ADDRESS/NAME FORM

DATE _____

NAME _____

ACCOUNT # _____

New Address _____

New Name _____

**** Please note legal documents supporting name change or address change must come with this form and two new forms of ID.**

Two Forms of ID Required to Change an Account:

- a. Government issued picture ID with DOB- Driver's License or Passport
- b. Social Security Card or Health Insurance Card or Vehicle Registration

**** *If change of address, need one to have one form of ID with new address on it (i.e. driver's license), copy of bank statement, utility bill etc., with new address***

Authorized Signature _____

Send to iclark@1stcnb.net

Attention: Operations Department