Equal Housing Lender | Member FDIC

Privacy Policy

BRCB Change of Address Application

First Name: Last Name:

Submitted on:

Customer Information

First Name	Middle Initial	Last Name

Old Address (currently on file) (required)	Address Line 1 Address Line 2 City State ZIP Code
New Address (required)	Address Line 1 Address Line 2 City State ZIP Code

Date of Birth	Social Security No.	Your E-mail Address

Phone	Driver's License No.	Driver's License State

Drivers License or State ID with updated address *(required)*	Please submit this information as an additional attachment.

Security Notice:
You should ONLY fill out this Application on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now.

Instructions:
1. Complete Change of Address Application and click "Submit Form" or Print and bring to your local **Black River Country Bank** branch
2. To safeguard your privacy, QUIT your browser and restart it again after using this form. This form is NOT saved in your computer's memory when you quit your browser.
3. We will contact you by phone at your current phone number on file to confirm your submission prior to your address change request being finalized.
By submitting this application I certify that all information given is correct.

(required)	☐ I/We AGREE with the above statement
Signature	