



American National Bank & Trust
 Member FDIC
 2732 Midwestern Pkwy
 PO Box 4477
 Wichita Falls TX 76308

ACCOUNT CHANGE OF ADDRESS FORM

Primary Acct Name: _____ SSN: _____

Secondary Acct Name: _____ SSN: _____

Regardless of where you are moving, we want to make your move easier. Note the effective date, and mail or deliver this to us. We may contact you directly to verify the changes made on this form. We'll update your records so that your statement and other correspondence are sent to your new location after the move.

Old Address _____ Street _____	
City _____	State _____ Zip Code +4 _____
New Address _____ Street _____	
City _____	State _____ Zip Code +4 _____
Cell Phone _____	Work Phone _____ E-Mail Address _____

Please indicate the accounts to be changed:

Effective Date: _____

Deposit Accounts (Checking/Savings)

Acct. # _____

Acct. # _____

Loans

Acct. # _____

Acct. # _____

Debit Cards (last four digits)

Acct. # _____

Acct. # _____

Other

Acct. # _____

Acct. # _____

X _____

Authorized Signer

Date

X _____

Authorized Signer

Date

Internal use only: Fields to change:	<input type="checkbox"/> Core (CIF/Acct/Card)	<input type="checkbox"/> Online Banking (S1)
	<input type="checkbox"/> Check Free (Bill Pay)	<input type="checkbox"/> Requested check order (Deluxe)