

ADDRESS CHANGE

Primary Address Statement Address Temporary Address (Seasonal)

ACCOUNT INFORMATION

List Account Numbers

#	#
#	#
#	#

Do you receive an interest check from Desert Community Bank? Yes No

PRIMARY ACCOUNT HOLDER

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number (optional): - -

Does this account have a credit/debit card? Yes No

Do you have a safe deposit box with Desert Community Bank? Yes No

JOINT ACCOUNT HOLDER

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number (optional): - -

Does this account have a credit/debit card? Yes No

Do you have a safe deposit box with Desert Community Bank? Yes No

CURRENT ADDRESS

Is this a temporary change? Yes No

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____

NEW ADDRESS

Is this a permanent change? Yes No

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____

Email* (optional): _____

SIGNATURE

Primary Signature:

Date:

Joint Signature:

Date:

IMPORTANT INFORMATION

A copy of your driver's license with the new address must be included with this form. Once complete and signed, please mail, email, or fax to:
Mail: Desert Community Bank | Mail Stop 4-323 | 301 W. Michigan Avenue | Jackson, MI 49201 **Email:** inbound@dcbk.org **Fax:** (248) 250-5551

* By providing your email address to us, you expressly consent to receive emails from us. We may use email to communicate with you, to send information that you have requested or to send information about other products or service developed or provided by us. We will not give your email address to another party to promote their products or services directly to you.

