



### Section 1 Customer Information

Last Name or Business Name		First Name, MI	Effective Date
Email Address		Daytime Phone (with Area Code)	

### New Address

Street Address (include apartment or suite # if applicable)	City	State	ZIP
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### Previous Address

Street Address	City	State	ZIP
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### Section 2 Complete this section to change your alternate/confidential statement address

Street or Mailing Address	City	State	ZIP
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### Section 3 Account Information (Please list all of your accounts held at Bank of Houston)

Account Number	Account Number	Account Number	Account Number	Account Number
<input type="checkbox"/> Checking	<input type="checkbox"/> Checking	<input type="checkbox"/> Checking	<input type="checkbox"/> Checking	<input type="checkbox"/> Checking
<input type="checkbox"/> Savings	<input type="checkbox"/> Savings	<input type="checkbox"/> Savings	<input type="checkbox"/> Savings	<input type="checkbox"/> Savings
<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Certificate of Deposit
<input type="checkbox"/> IRA	<input type="checkbox"/> IRA	<input type="checkbox"/> IRA	<input type="checkbox"/> IRA	<input type="checkbox"/> IRA
<input type="checkbox"/> Personal Loan	<input type="checkbox"/> Personal Loan	<input type="checkbox"/> Personal Loan	<input type="checkbox"/> Personal Loan	<input type="checkbox"/> Personal Loan
<input type="checkbox"/> Line of Credit	<input type="checkbox"/> Line of Credit	<input type="checkbox"/> Line of Credit	<input type="checkbox"/> Line of Credit	<input type="checkbox"/> Line of Credit
<input type="checkbox"/> Commercial Loan	<input type="checkbox"/> Commercial Loan	<input type="checkbox"/> Commercial Loan	<input type="checkbox"/> Commercial Loan	<input type="checkbox"/> Commercial Loan
<input type="checkbox"/> SBA Loan	<input type="checkbox"/> SBA Loan	<input type="checkbox"/> SBA Loan	<input type="checkbox"/> SBA Loan	<input type="checkbox"/> SBA Loan
<input type="checkbox"/> Safe Deposit Box	<input type="checkbox"/> Safe Deposit Box	<input type="checkbox"/> Safe Deposit Box	<input type="checkbox"/> Safe Deposit Box	<input type="checkbox"/> Safe Deposit Box

### Section 4 Authorized Signature

Accountholder Signature	Date	Bank Employee completing form (if not customer)	Date
X			

### FOR BANK USE

Method by Which Address Change Instructions Were Provided:  In-Person  Phone  Email  Fax  Mail  Other \_\_\_\_\_

Authentication Method of In-Person Address Change Instructions:	ID Type	ID Number	Issue Date	Expiration Date
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### Authentication Method of Other Address Change Instructions:

<input type="checkbox"/> Security Question and Answer	<input type="checkbox"/> Mail confirmation sent to prior address
<input type="checkbox"/> Challenge Question	<input type="checkbox"/> Other authentication procedures _____
<input type="checkbox"/> Bank-initiated Telephone Confirmation	

CIP Verified By:	Title:	Date:
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### FORWARD THIS FORM TO THE FOLLOWING DEPARTMENTS:

<input type="checkbox"/> Shareholder	Completed By:	Title:	Date:
<input type="checkbox"/> New Accounts	Completed By:	Title:	Date:
<input type="checkbox"/> Loans	Completed By:	Title:	Date:
<input type="checkbox"/> Bookkeeping	Completed By:	Title:	Date: