

# AMERICAN MOMENTUM BANK

## *Change of Address or Name Form*

Please complete the information below, sign the form and then fax it to 432-333-4774 or scan and securely email it to [customercare@americanmomentum.bank](mailto:customercare@americanmomentum.bank) using our [secure portal](#).

<i>Today's Date:</i>		<i>Last 4 digits of your SS# or TIN:</i>	
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<b>CURRENT Name and Address</b>	<i>Name:</i>					
	<i>Address:</i>					
	<i>City:</i>		<i>State:</i>		<i>Zip Code:</i>	
	<i>Email:</i>				<i>Phone #</i>	

<b>NEW Name and Address</b>	<i>Name:</i>					
	<i>Address:</i>					
	<i>City:</i>		<i>State:</i>		<i>Zip Code:</i>	
	<i>Email:</i>				<i>Phone #</i>	

### *Account Number(s)*

*Please indicate account types by listing the last 4 digit(s) of the account number*

Checking Account \_\_\_\_\_

Individual Retirement Account \_\_\_\_\_

Savings Account \_\_\_\_\_

Certificate of Deposit \_\_\_\_\_

Safe Deposit Box \_\_\_\_\_

Loan \_\_\_\_\_

Checking Account \_\_\_\_\_

Individual Retirement Account \_\_\_\_\_

Savings Account \_\_\_\_\_

Certificate of Deposit \_\_\_\_\_

Safe Deposit Box \_\_\_\_\_

Loan \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Bank Use Only:</b>	Completed by: _____
	Date Completed: _____