



Change of Address Form

(Online Version)

SIGN & COMPLETE then drop-off at any branch, email to customerservice@blueridge.bank or mail this form to:

Blue Ridge Bank
 Attn: Operations
 P.O. Box 889,
 Walhalla, SC 29691

EACH ACCOUNTHOLDER must complete a separate change of address form. Effective Date of Change: _____

NAME: Last, First, MI or Business Name	SSN# or TIN: (last 4 digits)
--	------------------------------

Street Address (Home/Business)				Mailing Address (If different from street address)			
Street Address:				Street Address/P.O. Box:			
City:	State:	Zip Code:	Country:	City:	State:	Zip Code:	Country:
Home Phone:		Business Phone:		Cell Phone:			
Email Address:							

Please check one

Change my address for all account(s) **OR** **Change only those account(s) listed below**

(If this box is checked, DO NOT list accounts below)

Change only those account(s) listed below				
Account Type	Account Number	Account Number	Account Number	Account Number
Checking				
Savings				
CD/IRA				
Loan				
Safe Deposit Box				
Other				

Customer Signature:	Date:
Customer Signature:	Date:

For Bank Use Only		
Customer Verified: <input type="checkbox"/> Signature Card <input type="checkbox"/> Known Customer <input type="checkbox"/> ID# _____ <input type="checkbox"/> CIF# _____	_____ (Accepted By – Please Print & Initial) _____ (Signature of Manager or Designate)	Accepted By Dept/Br #: Date:

For Deposit Servicing Use Only			
Processed Date:	Input By:	Verified By:	