



## Change of Address Authorization

Please list everyone who requires an address change with Highpoint Community Bank. A signature is required for all names listed.  
(Parents/Guardians may sign on behalf of minors)

Print  Email Address:  Cell Phone:	Signature
Print  Email Address:  Cell Phone:	Signature
Print  Email Address:  Cell Phone:	Signature

<b>Old Address</b>	
Address Line 1:	Address Line 2:
City, State, Zip:	
Home Phone:	

<b>New Physical Address - where do you live?</b>	
Address Line 1:	Address Line 2:
City, State, Zip:	
Home Phone:	

<b>Mailing Address – if different than Physical Address</b>	
Address Line 1:	Address Line 2:
City, State, Zip:	
Home Phone:	Is this a temporary address? Yes <input type="checkbox"/> No <input type="checkbox"/>
End Date:	

**Are you an HCB Trust Customer?** Yes  No

**Are you an HCB Shareholder?** Yes  No

<u>ID Verification</u> <input type="checkbox"/> Signature Verified <input type="checkbox"/> Personally Known	<i>Bank Use Only</i> <u>Electronic ID Verification</u> <input type="checkbox"/> Access Code <input type="checkbox"/> ID Check
Changed By	Date