

American State Bank & Trust Company
 1321 Main Street, P.O. Box 1346
 Great Bend, Kansas 67530

**CHANGE OF ADDRESS/NAME & CIP UPDATE
 PLEASE PRINT**

Customer Name:	New Name (if applicable):*	Effective Date:	
Old Address:	Street:		
City:	State:	Zip Code:	
New Address (include both physical and mailing if applicable):			
City:	State:	Zip Code + 4 digit :	
Home Phone:	Work Phone:	Cell Phone:	SSN or Tin

Customer Signature (required before updating CIF):

For Bank Personnel Use Only		
DOB IN SYSTEM: YES NO (circle)	PHOTO ID SCANNED: YES NO (circle)	
If "No" enter DOB: _____	If "No" scan ID	
List all account #(s) tied to the customer's CIF _____		
Customer made the Name/Address Change Request by:		
Mail: _____	Phone: _____	Email: _____ Verbal: _____
<u>Update the following systems:</u>	<u>Scan:</u>	<u>Name Change:</u>
____ Update CIF (Precision)	____ Photo ID	____ Moved Images
____ Update Deposit Pro		
____ Scan Documents		
Completed By: _____		

Route to GB Main for scanning. ***Attach name change documents if applicable.**