

CITIZENS NATIONAL BANK
P.O. BOX 231 - 300 WEST 1ST ST.
PARK RAPIDS, MN 56470

Customer Contact Change Authorization

CUSTOMER NAME: _____ **CIF NO.** _____

Additional Names on Account: _____

Current Address			
STREET ADDRESS			
CITY, STATE, ZIP			

New Address	City	State	Zip
Mailing Address:			
Physical Address:			
Seasonal Address:			

	Current Telephone	New Telephone
Home Phone		
Mobile Phone		
Business Phone		

	Current Email	New Email
Email Address 1		
Email Address 2		

Signature	
Date	

Please review your contact information and make any corrections. Return to the bank at your earliest convenience. Thank you.

***NOTE: Notary Required For Address Changes ONLY**

State of _____
County of _____

Signed and attested before me on _____ (date) by _____,

(name(s) of individual(s)).

(SEAL)

Notary
My commission expires: _____