



Customer Information Change Form

| Current Information | New Information (only new information needs to be completed) |
|-----------------------|---|
| Customer Name* | |
| | |
| Address** | |
| | |
| | |
| City | |
| State, Zip | |
| Home Phone | |
| Work Phone | |
| Email Address | |
| Employer | |
| Cell Phone | |

Customer Signature:

**To process, bring this form to your local office, fax to 919/469.9204 or mail to Crescent State Bank, Attention
Operations Post Office Box 5809 Cary, NC 27512**

*Name change would require additional proof: marriage, divorce, etc.

Office Verification- To be completed by branch representative

CSR/BOM Signature:

Information Checked By:

Office:

Date Completed:

**If address change is by mail or fax, simply verify customer signature and attach to this form.