

FIRST MID- ILLINOIS BANK & TRUST
CHANGE OF ADDRESS REQUEST

Current Date: _____

Effective Date: _____

BUSINESS NAME: _____

CONTACT NAME: _____ CONTACT PHONE # _____

CHANGE FROM:

Address: _____

City/State: _____ ZIP: _____

Phone #: _____

CHANGE TO:

Address: _____

City/State: _____ ZIP: _____

Phone #: _____

Customer Signature *: _____

**Required field. Must be signed by an authorized signer on all accounts.*

Please mail the completed form to: First Mid-Illinois Bank & Trust OR Fax to: 217-258-0449
Attention: FILE MAINTENANCE
PO Box 499
Mattoon, IL 61938

FOR OPERATIONS USE ONLY: PORT NUMBER: _____

List accounts that have only been changed at the account level.

Demand Deposit Accounts	Savings Accounts	Certificate Accounts
Debit Cards	Loans	Miscellaneous

Comments: _____

By: _____