



CHANGE OF ADDRESS REQUEST

Please complete the information below to change the mailing address on the accounts upon which you are the primary owner. Once completed, please return this form to your local branch or mail it to the address below. Please allow 10-14 business days for processing.

Community Bank of the Chesapeake
Attention: Operations Department
25395 Point Lookout Rd
P.O. Box 241
Leonardtown, Maryland 20650

Please note: Accounts reflecting another type of ownership (e.g., business accounts or accounts where you are a secondary signer) will require the primary owner of those accounts to also complete a Change of Address Request.

Customer name: _____ Social Security number: _____

Mailing address: _____

City: _____ State/Zip code: _____

Home phone: _____ Business phone: _____

Cell phone: _____ Email address: _____

Customer name: _____ Social Security number: _____

Mailing address: _____

City: _____ State/Zip code: _____

Home phone: _____ Business phone: _____

Cell phone: _____ Email address: _____

If you are a trustee or executor of any minor, trust or estate accounts, or if you are changing the address for a business, please provide that account information below, so those account may also be updated.

Account title or business name: _____

Tax ID number: _____ Account number(s): _____

Account title or business name: _____

Tax ID number: _____ Account number(s): _____

Please select any applicable items below:

- | | |
|---|--|
| <input type="checkbox"/> I have a CDARS account | <input type="checkbox"/> I am a shareholder of The Community Financial Corporation |
| <input type="checkbox"/> I have Online Banking | <input type="checkbox"/> I have Bill Pay |

Signature: _____ Date: _____

Signature: _____ Date: _____

FOR INTERNAL USE ONLY

Form verified and change processed by: _____ Date: _____

System change verified by: _____ Date: _____

If received by mail, verification letter sent by: _____ Date: _____