



### Change of Address Request

Complete and sign the form below and return to your nearest FirstCapital Bank of Texas branch to request your change of address. You may also email this form to CustomerService@FCBTexas.com or fax it to 806-373-1022.

Customer Name \_\_\_\_\_

Does this change need to apply to ALL accounts/loans for this customer?  Yes  No

If no, list below all account/loan/safe deposit box numbers that you DO want to be changed:

\_\_\_\_\_  
\_\_\_\_\_

New Physical Address?  Yes  No

Previous Physical Address: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

New Physical Address: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

New Mailing Address?  Yes  No

Previous Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

New Phone Numbers?  Yes  No

New Home Phone: \_\_\_\_\_ New Work Phone: \_\_\_\_\_

New Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR BANK USE ONLY	
Portfolio Number(s)	_____
Request Accepted By	_____