



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 _____