Luther Burbank®
Savings

Change of Address

CUSTOMER INFORMATION	
Customer Name	**Effective Date**

OLD ADDRESS			
Street			**Branch Use Only** ☐ Physical ☐ Mailing Label ☐ Interest Check
City	**State**	**Zip**	

NEW ADDRESS			
Street			**Branch Use Only** ☐ Physical ☐ Mailing Label ☐ Interest Check
City	**State**	**Zip**	
New Phone Number ☐ Home ☐ Work ☐ Mobile		**New Phone Number** ☐ Home ☐ Work ☐ Mobile	
New Email Address ☐ Personal ☐ Business			

ACCOUNT(S) AFFECTED		
Deposit Account(s)	**IRA Plan(s)**	**Loan Account(s)**

Authorized Account Signer

BRANCH USE ONLY			
Request Type ☐ In-Person ☐ Online ☐ Mail ☐ Email ☐ Phone		**Request Received By**	**Date**
Verification		**Security Questions Passed** *(Select below):*	
ID Type:		Personal Questions: ☐ Driver's License Number ☐ Keyword or PIN ☐ Taxpayer ID ☐ Occupation	Account Questions: ☐ Date or Amount of Last Deposit ☐ Date or Amount of Last Check Written ☐ Date or Company of Last ACH Debit/Credit ☐ Year the Account was Opened, Current Balance, or Dollar Amount of Recurring Deposit
ID Number:	Exp.:		
Signature Verification			
Verified By:	Date:		

☐ **Phone Verification** (Only phone numbers on file may be used for customer verification and at least one question from each of the Security Questions Passed categories, Personal and Account, must be selected.)

Spoke With:	Date:	Time: ☐ am ☐ pm	Verification Completed By:

Member FDIC