



Florida's Most Convenient Bank

Change of Address Form

Dear Valued Customer:

BankAtlantic strives to deliver the highest level of customer service and security. If you need to change the address associated with your BankAtlantic account(s), please follow these easy steps:

1. Complete the requested information below.
2. Print and sign the form.
3. Send to BankAtlantic via Fax or by U.S. Mail



Fax: 800-295-7386



U.S. Mail:

P.O. Box 101120
Ft. Lauderdale, FL 33310

Upon receipt of this form, your address change will take effect within 3 business days. If you have any questions about this form, please contact us at 1-888-7-DAY-BANK.

Customer Name: _____

Business Name (if applicable): _____

New Physical Address

Street: _____

City: _____ State: _____ Zip: _____

Home Phone #: (____) _____ Work Phone #: (____) _____ Cell Phone #: (____) _____

New Mailing Address (if different from above)

Street: _____

City: _____ State: _____ Zip: _____

Accounts (If you want ALL accounts updated, please check the box "Apply to All Accounts" and list at least one account number below.)

Please list each account number you wish to update with the above address information:

Apply to All Accounts

_____	_____
_____	_____
_____	_____

Authorization

I hereby authorize BankAtlantic to update my address information for the above account(s):

Signature

Date

For authorized use only:

BankAtlantic Associate/Signature Verified

Identification #

Verified By

Date