



Valley Bank of Nevada
TRADITION WITH VISION

CHANGE OF ADDRESS OR NAME

DATE _____

New Information (Please **PRINT** clearly or type)

Name	_____	Phone	_____
Address	_____	City	_____
State	_____	Zip Code	_____
E-mail	_____		

Account Numbers (Please indicate your accounts by check mark)

Regular Checking	_____	Safety Deposit Box	_____
IRA	_____	Loans	_____
Savings	_____	Debit Card	_____
Certificate of Deposit	_____	Other	_____
Other	_____	Other	_____

Signature _____

* This form can be faxed, mailed, or dropped off in person to:

Valley Bank of Nevada
6385 Simmons Street
North Las Vegas, NV 89031

Fax: 702-644-2265

For bank purposes only: Date Received: _____ Inputted By: _____
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