



ADDRESS CHANGE

Primary Address Statement Address Temporary Address (Seasonal)

ACCOUNT INFORMATION

List Account Numbers

Do you receive an interest check from Flagstar? Yes No

PRIMARY ACCOUNT HOLDER

Last Name First Name Middle Initial

Social Security Number (optional)

Does this account have a credit/debit card? Yes No

Do you have a safe deposit box with Flagstar? Yes No

JOINT ACCOUNT HOLDER

Last Name First Name Middle Initial

Social Security Number (optional)

Does this account have a credit/debit card? Yes No

Do you have a safe deposit box with Flagstar? Yes No

CURRENT ADDRESS

Is this a temporary change? Yes No

Street

City State Zip Code

Phone Number

NEW ADDRESS

Is this a permanent change? Yes No

Street

City State Zip Code

Phone Number

Email* (optional)

SIGNATURE

Primary Signature Date

Joint Signature Date

IMPORTANT INFORMATION

A copy of your driver's license with the new address must be included with this form. Once complete and signed, please mail, email, or fax to:
Mail: Flagstar Bank | 301 W. Michigan Avenue, MS 4-323 | Jackson, MI 49201 **Email:** inbound@flagstar.com **Fax:** (248) 250-5551

* By providing your email address to us, you expressly consent to receive emails from us. We may use email to communicate with you, to send information that you have requested or to send information about other products or service developed or provided by us. We will not give your email address to another party to promote their products or services directly to you.