

COMMUNITY STATE BANK

Change of Address Request Form

I request that Community State Bank changes the address for each of my accounts listed below (account number MUST be provided).

Customer Name(s) _____

Social Security #(s) _____

Account Number(s)

1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____

ON LINE BANKING BILL PAY? Yes: _____ No: _____

New Address / (Alternate Address: Start Date _____ Stop Date _____)

Mailing Address _____

City _____ **State** _____ **Zip** _____

New Phone Number(s)

Home: _____ **Work:** _____ **Cell:** _____

Home: _____ **Work:** _____ **Cell:** _____

PHYSICAL ADDRESS: _____

E MAIL ADDRESS: _____

Effective Date of Change _____

***Accounts with 2 signatures required to withdraw funds also are require 2 signatures to change address.*

X _____
Signature

X _____
Signature

Signatures will be verified with account signature card

-----**For Bank Use Only**-----

File Maintenance, Kirchman Bankway and Special Instruction Performed by: _____ Date _____

Vantiv by: _____ Card Number _____ Date _____

Card Number _____ Date _____

Check Order Record Updated by: _____ Date _____

BILL PAY by: _____ Date _____

Verified by: _____ Date _____

This form must be retained for a period of not less than 1 year after the change of address.