

# Community State Bank Change of Address Request Form

I request that Community State Bank change the address for each of my accounts listed below:  
Account numbers *must* be provided.

Customer Name(s): 1 \_\_\_\_\_ 2 \_\_\_\_\_

Social Security #(s): 1 \_\_\_\_\_ 2 \_\_\_\_\_

New Customer within last 30 days? Yes: \_\_\_\_ No: \_\_\_\_  
**\*\* If YES, must have two proofs of address (utility, phone, cable, insurance bills)**

**Account Number(s):**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

Online Banking/ Bill Pay? Yes: \_\_\_\_ No: \_\_\_\_

New Address(es): (Alternate Address: Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Phone Numbers**

1 Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

2 Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_

Signature

Signature

**\*\* Accounts with two signatures required must have two signatures to change address \*\***

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

*If not signed in person signature(s) MUST be verified with the account signature cards or the customer must be called to verify.*

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_ In Person \_\_\_\_ Mail \_\_\_\_ Night Drop \_\_\_\_

Other \_\_\_\_ Describe \_\_\_\_\_

File maintenance, Bankway and special instruction performed by: \_\_\_\_\_ Date: \_\_\_\_\_

Main Street check order record updated by: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

*This form must be retained for a period of not less than five years after the change of address.*