

CHANGE OF CUSTOMER INFORMATION

*To be printed off, filled out by account holder(s), signed, and brought into any of our 4 branches.

Name _____

Name _____

Name _____

SS#	IRA	ATM

PRESENT Address _____

ADDRESS City _____ Joint Account _____

State _____ Zip Code _____

Phone # _____

Phone # _____

COMPLETE ONLY THE AREAS BELOW THAT NEED CHANGED:

NEW ADDRESS Address _____

City _____

State _____ Zip Code _____

Phone # _____

Phone # _____

ACCOUNT HOLDER'S SIGNATURE

DATE

TELLER

In person (IP) By mail (ML)

