

Change of Address Request



Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Current Information		New Information
_____	Address Street	_____
_____	Address City/State/Zip	_____
_____	Cell Phone	_____
_____	Home Phone	_____
_____	Email Address	_____
_____	Employer	_____
_____	Occupation	_____

U.S. Citizen: ☐ Yes ☐ No

☐ I have notified USPS of address change

☐ Address is seasonal. Starting \_\_\_\_\_ and ending \_\_\_\_\_

Account/Debit Card Numbers you want us to change

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize First State Bank to make the above changes:

X \_\_\_\_\_  
Authorizing Person's Signature Date

\_\_\_\_\_  
Authorizing Person's Printed Name

X \_\_\_\_\_  
Authorizing Person's Signature Date

\_\_\_\_\_  
Authorizing Person's Printed Name

Internal Use Only

Initial to indicate that the following have been verified:

_____ Port Number	_____ Removed Teller Alert/Priority Misc Warning
_____ Completed By	_____ Removed Handling Code Warning
_____ Reviewed By	

Scan completed form to Director/CIS Maintenance/Change of Address Form