

**CHANGE OF ADDRESS FORM**

**Fax or Mail completed form to the Bank of Cashton**

**1 ACCOUNT NAMES**

ACCOUNT OWNER FULL NAME		SSN / TIN		DOB	
JOINT OWNER FULL NAME		SSN / TIN		DOB	
OTHERS EFFECTED BY THIS CHANGE					
OTHERS EFFECTED BY THIS CHANGE					

**2 OLD ACCOUNT INFORMATION**

PHYSICAL STREET ADDRESS		HOME PHONE	
CITY, STATE, AND ZIP		WORK PHONE	
MAILING ADDRESS (IF DIFFERENT)		EXTENSION	
CITY, STATE, AND ZIP (IF DIFFERENT)		CELL PHONE	
EMAIL ADDRESS			


**3 NEW ACCOUNT INFORMATION**

PHYSICAL STREET ADDRESS		HOME PHONE	
CITY, STATE, AND ZIP		WORK PHONE	
MAILING ADDRESS (IF DIFFERENT)		EXTENSION	
CITY, STATE, AND ZIP (IF DIFFERENT)		CELL PHONE	
EMAIL ADDRESS			

**4 CHANGE ADDRESS ON FOLLOWING ACCOUNTS**

ACCOUNT TYPE	ACCOUNT NUMBER	ACCOUNT TYPE	ACCOUNT NUMBER
CHECKING	_____	SAFE DEPOSIT BOX	_____
SAVINGS	_____	LOANS	_____
HSA	_____	IRA	_____
CERTIFICATE (CD)	_____	DEBIT CARD	_____
OTHER	_____	OTHER	_____
OTHER	_____	OTHER	_____

 **X** \_\_\_\_\_  
Account Owner Signature Date

 **X** \_\_\_\_\_  
Joint Owner Signature Date

By signing above I certify that I am the Account Owner (and Joint Account Owner if applicable) and that all the information provided on this form is true and accurate. I assume full responsibility for this change and I agree to hold the Bank of Cashton harmless from any adverse consequences incurred from acting on these instructions.

**FOR INTERNAL USE ONLY**

	ACCOUNT OWNER		JOINT OWNER		DEPENDANTS
Core System	_____	Core System	_____	Core System	_____
Card System	_____	Card System	_____	Card System	_____
Check Printing	_____	Check Printing	_____	Check Printing	_____