

CHANGE OF ADDRESS FORM

BANK OF CASHTON

P.O. Box 70

CASHTON, WI 54619

PHONE: (800) 205-7203 / FAX: (608) 654-5297

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

CHECKING

SAVINGS

HSA

CERTIFICATE (CD)

OTHER

OTHER

ACCOUNT TYPE

ACCOUNT NUMBER

SAFE DEPOSIT BOX

LOANS

IRA

DEBIT CARD

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	_____