

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 AFFECTED BY THIS CHANGE					
OTHERS AFFECTED 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 OF 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	_____

Account Owner Signature _____ Date _____

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	DEPENDENTS
Core System _____	Core System _____	Core System _____
Card System _____	Card System _____	Card System _____
Check Printing _____	Check Printing _____	Check Printing _____

SINCE 1899

