

## CHANGE OF NAME FORM

*Fax or Mail completed form to the Bank of Cashton along with appropriate documentation.*

### 1. PRIOR INFORMATION & NAME

<b>NAME</b>		<b>SSN/TIN</b>	
<b>PHYSICAL STREET ADDRESS</b>		<b>DOB</b>	
<b>CITY, STATE AND ZIP</b>		<b>HOME PHONE</b>	
<b>MAILING ADDRESS (IF DIFFERENT)</b>		<b>WORK PHONE</b>	
<b>CITY, STATE AND ZIP (IF DIFFERENT)</b>		<b>EXTENSION</b>	
<b>EMAIL ADDRESS</b>		<b>CELL PHONE</b>	

### 2. NEW INFORMATION & NAME

<b>NAME</b>		<b>HOME PHONE</b>	
<b>PHYSICAL STREET ADDRESS</b>		<b>WORK PHONE</b>	
<b>CITY, STATE AND ZIP</b>		<b>EXTENSION</b>	
<b>MAILING ADDRESS (IF DIFFERENT)</b>		<b>CELL PHONE</b>	
<b>CITY, STATE AND ZIP (IF DIFFERENT)</b>			
<b>EMAIL ADDRESS</b>			

*\*Attach a copy of your Driver's License, Marriage Certificate, or other official documentation showing your updated information\**

Would you like to order a new debit card?  Yes  No

Would you like to order updated checks?  Yes  No

Would you like to update beneficiaries on any of your accounts?  Yes  No

\_\_\_\_\_  
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 _____
Update File _____	Update File _____	Update File _____
Check Printing _____	Check Printing _____	Check Printing _____
Online Banking _____	Online Banking _____	Online Banking _____