

CHANGE OF ADDRESS REQUEST FORM

NAME: _____

NAME _____

OLD ADDRESS: (Address currently on system) _____

NEW ADDRESS: _____

OLD PHONE NUMBER: (# currently on system): _____

NEW PHONE NUMBER _____

CELL PHONE NUMBER _____

For security and identity verification purposes,
Please furnish the last four (4) digits of your
Social Security Number: _____

Do you have a Debit or ATM Card: YES _____ NO _____

SIGN: _____ DATE _____

Bank Personnel originating form: _____ DATE _____

Bank Personnel entering change on system _____ DATE _____

Bank Personnel verifying change on system _____ DATE _____

(Please send a copy of this form to Nancy Witten at the Heritage Lake Banking Center)