



Change of Address Request

Name: _____

Phone Number: _____

Account Numbers to Change: _____

Email: _____

Old Address: _____

New Mailing Address : _____

Physical Address (REQUIRED if different from mailing address):

(Date)

(Customer's Signature)

If this form is not filled out in person at Security State Bank of Wanamingo, the signature must be notarized!

State of _____, County of _____.

This signature was acknowledged before me on this _____ day of _____,
by _____ (Notary Public). My commission expires: _____

(Do not write below this line – Bank use only)

(Date Received)

(Received, Signature Verified)

(Date Changed)

(Changed By)

(Date Verified)

(Change Verified By)