

# United Savings Bank

\*\*\*\*\* CHANGE OF ADDRESS FORM\*\*\*\*\*

I HEAR BY GIVE AUTHORIZATION TO CHANGE MY ADDRESS

PREVIOUS ADDRESS:

NEW ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NEW PHONE # \_\_\_\_\_

PRINT CUSTOMER NAME \_\_\_\_\_

CUSTOMER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

CUSTOMER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

CHANGE ADDRESS FOR: \_\_\_\_\_ ALL ACCOUNTS

\_\_\_\_\_ SPECIFIC ACCOUNTS  
LIST ACCOUNTS:

\*\*\*\*\*BANK USE ONLY\*\*\*\*\*

ADDRESS CHANGED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE CARD CHANGED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCOUNTING NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DELUXE NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_