

CIF

Change of Address Form

Dear Customer: Regardless of where you are moving, we want to make your move easier. When you know your new address, please complete the Change of Address Form, tell us when your move will be effective, and return this form to us. We will update our records so that your statement and other correspondence are sent to your new location after the move. Our staff will be happy to assist you in completing this form, ordering checks with your new address, or with any questions you may have.

CUSTOMER NAME		EFFECTIVE DATE
<u>OLD</u> MAILING ADDRESS		
CITY	STATE	ZIP CODE
<u>NEW</u> MAILING ADDRESS (IF USING P.O. BOX, A PHYSICAL ADDRESS IS ALSO REQUIRED)		
CITY	STATE	ZIP CODE
HOME TELEPHONE	BUSINESS PHONE	CELL PHONE
E-MAIL ADDRESS		SSN OR TIN

All CIF Relationships Associated (All accounts primary relationships will change)

ONLY Update Alternate Address for mailing purpose on the indicated accounts below. **Use list below for this option.**

Account Number: Account Type: **D S T L X**

***Note**

Alternate Address indicators are primary CIF with additional digit added to indicate mailing address differences.

ATM / DEBIT CARD

CARD#:

CARD#:

CARD#:

ONLINE SERVICE – BILL PAYMENT OR CASH MANAGEMENT

DESCRIBE:

OTHER INDICATORS:

EMPLOYEE

ICS/CDARS

SHAREHOLDER

REMOTE DEPOSIT CAPTURE

AUTHORIZED SIGNATURE X	DATE	SEASONAL ADDRESS DATES From: To:
---------------------------	------	--

FORWARD CHANGES OF ADDRESS TO:

HEBRON SAVINGS BANK
101 N. MAIN STREET
HEBRON, MD 21830

BANK USE ONLY

COMPLETED BY:	DATE CHANGED:	VERIFIED BY:	DATE VERIFIED
DATE ACCOUNT OPENED:		ISSUES:	