



CHANGE OF ADDRESS FORM

IOWA STATE SAVINGS BANK

Customer Name _____ Tax ID # _____
 New Address _____ Old Address _____

 Debit Card – Yes or No
Physical Address(if different from New Address or if New Address is a P.O. Box)

 Seasonal Address- Yes or No
 if yes, date address needs to change back _____
 Effective date _____
 Home Phone _____ Business Phone _____ Cell Phone _____
 E-Mail Address _____

_____ All accounts of which I am an owner should be changed.
 (Other household members may need to sign a separate Address Change Form)

_____ Only specific accounts should be changed, please indicate below:

Account # _____	Account type _____
Account # _____	Account type _____
Account # _____	Account type _____
Account # _____	Account type _____
Account # _____	Account type _____
Account # _____	Account type _____

Please review the above information for accuracy and make corrections as needed.
 Upon completion, please sign and date below and return to Iowa State Savings Bank.

X _____ Date _____

Internal Use Only
 Received by _____ Port # _____ Primary Account _____
 Customer Identity verified by _____ Date _____

1. Verify identity of customer and sign and date form
2. Review port with customer to clearly identify if any accounts should not be changed
3. Give form to a CSR for file maintenance

CSR Use Only
 Changed by _____ Date _____ Shazam changed by _____ Date _____
 Credit Card changed by _____ Date _____

1. Update address in Navigator and Shazam
2. If address is P.O. Box add physical address to system
3. Image to Primary account in Director
4. Keep form for file maintenance review
5. Upon completion, file accordingly