



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) _____ _____	
Effective date _____	Seasonal Address- Yes or No if yes, date address needs to change back _____
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 _____

Received by _____	Internal Use Only 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

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