

CHANGE OF ADDRESS FORM

5. Upon completion, file accordingly

IOWA STATE SAVINGS BANK

			_		
Customer Name ————————————————————————————————————			Tax ID# ——		
New Address		Old Address —			
		_	 Debit Card –	Yes or	No
Physical Addr	ess(if different from New Address	or if New Ad	dress is a P.O. Box)	•	
,					
_		 Se	asonal Address-	Yes or	No
Effective date		if yes, date address needs to change back			
		ess Phone Cell Phone			
E-Mail Address Busines		· · · · · · · · · · · · · · · · · · ·			
L-IVIAII Addres			-		
	All accounts of which I am an owne		•	_ ,	
	(Other household members may n	eed to sign a se	eparate Address Cha	nge Form)	
	Only specific accounts should be ch	nanged, please	indicate below:		
Ac	count #	Accou	int type		
Ac	count #	Accou	nt type		
Ac	count #	Accou	nt type ———		
Ac	count #	Accou	nt type		
Ac	count #	Accou	nt type		
Ac	count #		nt type		
	Please review the above informa	tion for accura	cy and make correct	ions as nooded	
			•		
•	Upon completion, please sign and			_	
х			Date		
		ernal Use Only			
	ed by Por		<u> </u>	ry Account	
Custom	er Identity verified by	Date			
1.	Verify identity of customer and sign and da	ate 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				
	C	CSR Use Only			
Changed by _	Date	•	anged by	Date	
			changed by		
1.	Update address in Navigator and Shazam	ECOS chang	ged by	Date _	
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				

Compliance/Compliance Documents. Last updated 4/5/2019