



# Request for Change of Address Form

This form authorizes FINANCIAL SECURITY BANK to change the address on the accounts indicated.

1. Complete sections 1-4.

2. Mail the completed and signed form to 1101 Atlantic Ave, PO Box 258, Kerkoven, MN 56252 or drop off at any one of our convenient branch locations.

<b>1. Customer Information</b>	
Name (please print)	Social Security Number

<b>2. New Address Information</b>					
New Mailing Address			New Street Address		
City	State	Zip	City	State	Zip
New Home Number	New Work Phone		New Cell Phone		New E-mail Address
<input type="checkbox"/> Permanent Address Change		<input type="checkbox"/> Seasonal Address Change		From Date of	To Date of

<b>3. Old Address Information</b>					
Old Mailing Address			Old Street Address		
City	State	Zip	City	State	Zip
Old Home Number	Old Work Phone		Old Cell Phone		Old E-mail Address

<b>4. Check the appropriate Box(es):</b>
<input type="checkbox"/> Change the address on my Deposit Accounts listed below:
<input type="checkbox"/> Change the address on my Loan Accounts listed below:
<input type="checkbox"/> Change the address on my Safe Deposit Boxes listed below:

**5. Your Signature:**

I/(we) hereby authorize FINANCIAL SECURITY BANK to make the address changes as indicated above.

Signature (this form must have your signature to be processed) \_\_\_\_\_ Date \_\_\_\_\_

*For Bank Use Only*

Date Received: \_\_\_\_\_ CSR: \_\_\_\_\_ Changes made by: \_\_\_\_\_ Date: \_\_\_\_\_

Portfolio Number(s) Changed: \_\_\_\_\_

