



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.

1. Customer Information	
Name (please print)	Social Security Number

2. New Address Information					
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

3. Old Address Information					
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

4. Check the appropriate Box(es):
<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: _____

