



SHELBY COUNTY STATE BANK

SHELBYVILLE, ILLINOIS

Notice of Individual Change of Address

Is this change: Permanent Temporary
(If temporary, you must notify us when to change back to your permanent address)

Name: _____

Last 4 Numbers of SSN: _____

New Address: _____ City, State, Zip: _____
(Street Address only, No P.O. Box)

Phone Number: () _____ Cell Phone Number: () _____

Date of Birth: _____

- Change Address on:
- All Accounts
 - Checking # _____
 - Savings # _____
 - Loan # _____
 - CD # _____
 - Safe Deposit Box # _____
 - Debit Card # _____
(Last 4 digits only)

Signature: _____ Date: _____
Required

Mail Completed Form To:
Shelby County State Bank
130 S. Morgan Street
P.O. Box 530
Shelbyville, IL 62565

For Office Use Only:

Signature Verified By:

Date:

If it's important to you...it's important to us