



# SHELBY COUNTY STATE BANK

COMMUNITY BANKING EXPERTS SINCE 1895

## CHANGE OF ADDRESS

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

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

New Address: \_\_\_\_\_  
(Street Address Only, No PO Box)

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Change Address on: ☐ All Accounts

☐ Checking # \_\_\_\_\_

☐ Savings # \_\_\_\_\_

☐ Loan # \_\_\_\_\_

☐ CD # \_\_\_\_\_

☐ Safe Deposit Box # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

Mail completed form to:  
Shelby County State Bank  
130 S Morgan Street  
PO Box 530  
Shelbyville, IL 62565

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For Office Use Only:

Signature Verified by: \_\_\_\_\_ Date: \_\_\_\_\_