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:_____

Email Address: _____

Change Address on:

☐ All Accounts

☐ Checking # _____ _____ _____

☐ Savings # _____ _____ _____

☐ Loan # _____ _____ _____

☐ CD # _____ _____ _____

☐ Safe Deposit Box # _____

Signature: _____ Date: _____
(Required)

For Office Use Only:

Signature Verified by: _____ Date: _____