

Sumner Bank + Trust
Christmas Club

CHANGE OF ADDRESS

DATE _____ SSN/TIN _____

CUSTOMER NAME _____

OLD ADDRESS _____

NEW ADDRESS _____

NEW PHONE # _____

ACCOUNTS TO CHANGE:

CHECKING ACCOUNTS _____	SAFE DEP BOX _____
IRA ACCOUNTS _____	LOANS _____
SAVINGS ACCOUNTS _____	CDs _____
DEBIT CARDS _____	PORT _____
OTHER <u>Christmas Club</u> _____	OTHER _____

IS THIS CUSTOMER A STOCKHOLDER? YES NO

IF YES, PLEASE FORWARD A COPY OF THE CHANGE OF ADDRESS FORM TO HUMAN RESOURCES

CUSTOMER SIGNATURE _____

TAKEN BY:

ENTERED BY:

REVIEWED BY:

DATE: