



## Change of Address / Contact Information Form

Date: \_\_\_\_\_

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

New Address \_\_\_\_\_  
Number & Street                      Apt. #                      City                      State                      Zip

If the above NEW address is a P.O. Box, we must have your actual physical address as well. Please list this below:

PHYSICAL ADDRESS IF ABOVE IS P.O. BOX: \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alternate Phone(s) Home Phone / Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthday: \_\_\_\_\_

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

Signature: \_\_\_\_\_

### Notary Stamp

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me a notary public, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In \_\_\_\_\_ County in the State of \_\_\_\_\_.

In witness hereof, I hereunto set my hand and official seal.

\_\_\_\_\_

Notary Signature

Please mail this form back to:                      Citizens State Bank  
P.O. Box 388  
Marysville, KS 66508