

CHANGE OF ADDRESS NOTIFICATION

Effective: _____

Account Holder Name(s) to be updated:

Account Numbers: _____

****If account numbers are not listed, all account(s) under customers name will be updated****

New Address: _____

Home Phone: _____ Cell Phone: _____

Current Address: _____

Account Holder Signature

Account Holder Signature

Please return completed form to any State Bank of Lizton location or mail to:

State Bank of Lizton, PO Box 170, Lizton, IN 46149