



ADDRESS / PHONE / E-MAIL CHANGE REQUEST

For your protection, we require all address changes to be in writing and signed by you.

You may Fax this form to: 763-478-6577 OR Mail to: PO Box 236, Hamel, MN 55340

Print Name _____

Account Number(s) to change _____

Current Address on File _____

*New Address _____

*Mailing Address (if different from above) _____

*Federal Regulations require us to have your street address on file even if you choose to have mail delivered to a Post Office Box or other address.

Current Phone Number on file
 (____) _____-_____
 Home Work Cell

New Phone Number to be used
 (____) _____-_____
 Home Work Cell

Current Phone Number on file
 (____) _____-_____
 Home Work Cell

New Phone Number to be used
 (____) _____-_____
 Home Work Cell

E-Mail Address (if applicable): _____

 Signature

 Date

| | |
|---------------------|---|
| FOR BANK USE | |
| Date Form Received: | Signature Verified and Info Updated By: |