

Huron Valley State Bank Change of Address

Current Information	
Customer Name:	
Street Address:	City, State, Zip:
Phone:	Email:

New Information	
Street Address:	City, State, Zip:
Phone Number:	Email:
<input type="checkbox"/> Mailing and Physical <input type="checkbox"/> Physical Address Only <input type="checkbox"/> Mailing Address Only	
Signature: X	Date:

Seasonal Address	
Dates: to	Dates: to
Address:	Address:
City State Zip:	City State Zip:
Phone:	Phone:
Apply change <input type="checkbox"/> annually <input type="checkbox"/> other	

For Office Use Only	
Request Taken By:	Date:
Apply Change to the following: <input type="checkbox"/> CIF (list ALL CIF) <input type="checkbox"/> Account Numbers (use only if change is account specific) <input type="checkbox"/> ATM/Debit Card File <input type="checkbox"/> Loan Accounts	
Processed By:	Date: