

ADDRESS CHANGE FOR WOODSVILLE GUARANTY SAVINGS BANK

Only an account owner may request a change of address on an account.

NAME: _____ Port #: _____

S.S. #: _____ TELEPHONE #: _____

NEW MAILING ADDRESS: _____

HOME PHYSICAL ADDRESS (if different than mailing): _____

PREVIOUS ADDRESS: _____

CHANGE MY ADDRESS ON THE FOLLOWING ACCOUNT NUMBERS:

DOES THIS CHANGE APPLY TO ANY OTHER JOINT ACCOUNT HOLDERS? PLEASE LIST ENTIRE NAME:

Customer Signature: _____

Effective Date: _____

- Identification:
- Acceptable unexpired identification (ID)
 - Out-of-wallet identifiers
 - Personal Identification Code (PIC)
 - Well known by: _____

Accepted By: _____

*****BANK USE ONLY*****

Signature Verification (mail or fax) _____ & _____	Name Record(s): _____
Addr Record #: Mail _____ & Phy _____	Processed By: _____ Date: _____ Verified By: _____
ATM <input type="checkbox"/> Merchant <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan <input type="checkbox"/> Employee <input type="checkbox"/> Director <input type="checkbox"/> CDARS <input type="checkbox"/> Shareholder <input type="checkbox"/> Obtain Address <input type="checkbox"/>	