

REQUEST FOR CHANGE OF ADDRESS

LAST NAME: _____ FIRST NAME: _____

BUSINESS NAME (IF APPLICABLE): _____

OLD ADDRESS: _____

NEW MAILING ADDRESS (PHYSICAL ADDRESS): _____

CITY, STATE _____ ZIP + 4 _____ -- _____

- P.O. BOX
- SEASONAL ADDRESS
- MULTIPLE MAILING NAME AND ADDRESS

If Seasonal, please list dates at temporary address (will reoccur annually):
_____ - _____

PHONE (HOME): _____ (WORK): _____ (CELL): _____

EMAIL: _____ @ _____

AFFECTED ACCOUNTS & SERVICES MUST BE LISTED: (SEE INVEST DEPARTMENT FOR CHANGES TO INVESTMENT ACCOUNTS**)**

- CHECKING ACCOUNT NUMBER(S): _____
- SAVINGS ACCOUNT NUMBERS(S): _____
- LOAN NUMBER(S): _____
- ATM/DEBIT CARD NUMBER(S): _____
- CERTIFICATE OF DEPOSIT(S): _____
- SAFE DEPOSIT BOX(S): _____
- STOCKHOLDERS OF FIRST STATE BANCSHARES
- BILL PAY

EFFECTIVE DATE OF MOVE: ____ / ____ / ____

CUSTOMER SIGNATURE: _____

Please deliver this completed form to us in any of the following ways:

- Mail to 206 North Fifth Street, St. Charles, MO 63301
- Fax to 636-940-5577
- Drop off at any of our locations

FOR BANK USE ONLY: PLEASE CHECK ONE –

PERSONALLY KNOWN VERIFIED IDENTITY TO VALID PHOTO ID: LAST 4 DIGITS OF ID NUMBER: ____ _

ADDITIONAL VERIFICATION REQUIRED (FOR REQUESTS NOT TAKEN IN PERSON)

(RECEIVED BY) EMPLOYEE SIGNATURE: _____ DATE: ____ / ____ / ____

PRODUCT SUPPORT USE ONLY: ADDITIONAL VERIFICATION REQUIRED

IDENTITY METHOD VERIFIED BY: _____

PRODUCT SUPPORT SIGNATURE: _____ DATE: ____ / ____ / ____