First State Bank
Member FDIC

REQUEST FOR CHANGE OF ADDRESS

Sign into Digital Banking to update your contact information online easily through our website or Digital Banking App!

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 this temporary address *(will reoccur annually)*:

_____ – _____

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

EMAIL: _____

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

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

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 EMPLOYEE USE ONLY: PLEASE CHECK ONE-

_ PERSONALLY KNOWN _ VERIFIED IDENTITY ON VALID PHOTO ID: LAST 4 DIGITS ID _____

_ ADDITIONAL VERIFICATION REQUIRED **(FOR REQUESTS NOT TAKEN IN PERSON)**

EMPLOYEE SIGNATURE: _____ **DATE:** _____

PRODUCT SUPPORT USE ONLY: ADDITIONAL VERIFICATION REQUIRED

METHOD IDENTITY VERIFIED BY: _____

PRODUCT SUPPORT SIGNATURE: _____ DATE: _____