



State Bank of Cerro Gordo

CHANGE OF ADDRESS FORM

Please complete this form for each customer whose address has changed. A signed copy must be on file at State Bank of Cerro Gordo before all bank documents can be sent to the new address.

DATE: _____ CUSTOMER NAME: _____

STREET ADDRESS: _____

PO BOX _____

CITY _____ STATE _____ ZIP _____

TELEPHONE #: _____

By signing below I give State Bank of Cerro Gordo permission to update my bank correspondences accordingly.

SIGNATURE _____

FOR BANK USE ONLY

RELATED ACCOUNTS REQUIRING CHANGE: _____ , _____ ,

_____ , _____ , _____ , _____ ,

_____ , _____ , _____ , _____ ,

_____ , _____ , _____ , _____ ,

ID# _____