

Please complete this form in its entirety.

Effective Date _____ Is this a temporary address? Yes No
 If yes, when should the previous address be reinstated? _____

Required information is marked with an asterisk (*).

Account Holder Names (Only names affected by this change!)

Please list names how they appear on our records.

*First _____ Middle _____ * Last _____
 *First _____ Middle _____ * Last _____
 *First _____ Middle _____ * Last _____

NOTE: If there are more than three account holders, please submit multiple forms.

Previous Mailing Address/Other Information

*Address _____
 *City/Town _____ *State _____ *ZIP _____
 Home Phone _____ Cell _____ Work _____
 E-mail _____

New Mailing Address/Other Information

*Address _____
 *City/Town _____ *State _____ *ZIP _____
 Home Phone _____ Cell _____ Work _____
 E-mail _____

Preferred Daytime Contact Method: Home Phone Cell Work E-mail Other _____

New Physical Address

Due to Patriot Act requirements, if you have changed your mailing address to a PO Box, we also require your updated physical address. Please provide below.

*Address _____
 *City/Town _____ *State _____ *ZIP _____

Impacted Accounts/Applications

Please check all accounts/applications that this change of address impacts.

Checking Check Card Bill Pay CD Savings Safe Box Loans Shareholder

If only specific accounts are affected, please indicate account type and number _____

Customer Signature _____ **Date** _____

Mail form to: 117 E Main St, Thorntown, IN 46071 or Fax to: 765-436-2522 or drop off at any location.

For Internal Use Only	
Employee Verification _____	Date _____
By: In Person Telephone Loan Application Mail E-mail Secure Msg Other _____	
Completed Updates: Bankway _____ Loans _____ Bill Pay _____ Shareholder _____	
<small>Int Date</small>	<small>Int Date</small>