

**Highland State Bank
Change of Address**

Old Information:

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

New Information:

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Related accountholders with the same change: (all must sign if 18 years or over)

Effective Date of Change: _____

Accountholder Signature: _____
Date

Accountholder Signature: _____
Date

Please print this form, sign and return to the bank.

Highland State Bank
541 Main St., PO Box 286
Highland, WI 53543
608-929-4515

Office use

Received: ___ In person ___ Through the Mail ___ Over the Phone

New address verified by _____ or Callback made by _____ on _____.

Additional information: _____.

Updated on CS on _____ by _____.