Montrose Savings Bank

401 Missouri Avenue, PO Box 47, Montrose MO 64770

ADDRESS CHANGE FORM

New Address:

Physical Address (mandatory) _____

PO Box (optional) _____

City _____ State _____ Zip_____-_____

Please check the accounts that require a change:

_____ All accounts in my name (or)

_____ Checking

_____ Savings

_____ Certificate of Deposit

_____ Loan

_____ Safe Deposit Box

_____ IRA

Due to regulations regarding identity theft, address changes cannot be made without signed consent from the customer.

Customer Signature: _____

Customer Name (printed): _____

Date: _____

Please print this form, fill out, sign, and either mail back or bring to the bank.