

Change of Address Form

Name _____ SSN/Tax ID# _____

Name _____ SSN/Tax ID# _____

Old Address _____

New Address (Physical) _____

New Address (Mailing) _____

Home Phone _____ Daytime Phone _____

Email Address _____

Effective date for this change _____

Please check one:

Permanent Change

Temporary Change End date: _____

Seasonal Change Start date: _____ End date: _____

Please check one of the following:

Change My Address for All Accounts at 5Star Bank

Change My Address Only for Specific Accounts Listed Below

Account # _____ Account # _____ Account # _____

Household Information

List any minors or household members incapable of signing that should also be included in this change.

Name _____ Account #: _____

Name _____ Account #: _____

Name _____ Account #: _____

Please check the following boxes if they apply:

I have a safe deposit box with 5Star Bank

I have an ATM/Debit Card with 5Star Bank

Customer Signatures(s): _____, _____

Please sign and return to 5Star Bank, PO Box 14108, Colorado Springs, CO, 80914; or drop off at any one of our branches.

Bank use only

Processed By: _____ Date: _____