

CHANGE OF ADDRESS FORM

Please print this form, fill it out completely *with signature*, and either drop it by your nearest HomeTown Bank location OR scan and email it to change.address@htbna.com
Thank you!

DATE: _____

NAME: _____

OLD ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

NEW ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

PHONE: HOME _____ WORK _____
CELL _____

E-MAIL ADDRESS: _____ @ _____ .COM

IS THIS E-MAIL ADDRESS IS NEW? YES NO

PLEASE CHANGE THE ADDRESS ON MY:
(FILL IN ACCOUNT NUMBERS WHERE APPLICABLE.)

CHECKING	_____	_____	_____
SAVINGS	_____	_____	_____
CDs	_____	_____	_____
LOANS	_____	_____	_____

PLEASE CIRCLE/MARK ALL THAT APPLY:

SAFE DEPOSIT BOX	COLLECTION NOTE	IRA
STOCK	BILL PAY	
INTERNET BANKING	CASH MANAGEMENT	
DEBIT CARD/ ATM CARD		
OTHER _____		

SIGNATURE _____