

**Highland State Bank  
Change of Address Request**

**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 download this form, sign and return to the bank.

Highland State Bank  
P.O. Box 286  
Highland, WI 53543  
608-929-4515