

# Change of Address Form

*Please print out, fill out completely, and mail to address on the bottom of this page. (print clearly)*

Account Holder Name: \_\_\_\_\_

Joint Account Holder Name: \_\_\_\_\_

Old Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Old E-mail Address \_\_\_\_\_

Change Effective As Of: \_\_\_\_\_

New Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

New E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Reason For Change: \_\_\_\_\_

Change Address For All Accounts?  Yes  No

Account Number(s): \_\_\_\_\_

Account Name Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Account Name Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Stearns Bank Client Services will call to verify your address change on your accounts.

### **Mailing Instructions:**

Stearns Bank

Attn: Client Services

PO Box 7338

St Cloud, MN 56302-7338