



ADDRESS CHANGE REQUEST FORM

15700 Bluemound Rd. | Brookfield, WI 53005

Please complete, print and mail this form to the address below:

- Individual Account
- Joint Account
- Business / Organization Account

First Name Middle Initial Last Name

Social Security Number _____ - _____ - _____

Current Daytime Phone Number _____

If a joint account, please fill out the following items:

First Name Middle Initial Last Name

Social Security Number _____ - _____ - _____

Current Daytime Phone Number _____

Name of Organization/Business _____

Taxpayer ID Number (EIN) _____ - _____ - _____

Current Daytime Phone Number _____

Current Address _____

City _____ State _____ Zip _____ + _____

NEW Address _____

City _____ State _____ Zip _____ + _____

Is this a seasonal address? Yes No If yes, from (date) _____ to (date) _____

Is seasonal address recurring? Yes No

New Home Telephone Number _____

New Daytime Telephone Number _____

E Mail Address _____

Effective Date of changes: _____

Do you use the following services? Please check all that apply:

Certificates of Deposit Checking Accounts Savings Accounts

Debit Card

Safe Deposit Box # _____ Branch Location _____

Mortgage Loans

Other Loans

Change ALL accounts

Change only those accounts listed here:

_____	_____
_____	_____
_____	_____
_____	_____

Account Owner(s) Signature(s) (all parties to the accounts should sign.)

_____	_____
_____	_____

Date:

Sign form and mail to:

Customer Assistance

North Shore Bank

15700 W. Bluemound Rd.

Brookfield, WI 53005