

ACCOUNT CHANGE OF ADDRESS FORM

Financial Institution:

**Marseilles Bank
100 E. Bluff Street
Marseilles, IL 61341**

When you know your new address, complete this change of address form, tell us when it will be effective, and mail or deliver this form to us. We may contact you directly to verify these changes.

We will update our records so that your statements and other correspondence are sent to your new location after the move.

Our new accounts representative will be glad to help you if you need to order checks with your new address.

BUSINESS OR INDIVIDUAL NAME		EFFECTIVE DATE
OLD ADDRESS	STREET	
CITY	STATE	ZIP CODE
<u>NEW PHYSICAL ADDRESS</u>	STREET	
CITY	STATE	ZIP CODE
CELLPHONE	WORK PHONE	HOME PHONE
EMAIL ADDRESS		
<u>NEW MAILING ADDRESS</u>	STREET	
CITY	STATE	ZIP CODE

Please indicate the accounts to be changed:

DEPOSIT ACCOUNTS

LOAN ACCOUNTS

Authorized Signer

Date

TO:

**Marseilles Bank
100 E. Bluff Street
Marseilles, IL 61341**

Accepted By: _____

Reviewed By: _____