



## On-line Change Of Address Form

**No Address Changes will be made without each account holder's Tax ID Number or Social Security Number.**

Customer #1 Name \_\_\_\_\_ Customer TIN or SSN XXX-XX-\_\_\_\_\_

Customer #2 Name \_\_\_\_\_ Customer TIN or SSN XXX-XX-\_\_\_\_\_

Customer #3 Name \_\_\_\_\_ Customer TIN or SSN XXX-XX-\_\_\_\_\_

**Complete all areas. Addresses may not be changed without all required information.  
Signature(s) is required to change the address. (Name changes also require a replacement signature card)**

From Address \_\_\_\_\_

To Address \_\_\_\_\_

|  |                               |
|--|-------------------------------|
| <b>Change All Accounts? (Check One)</b>                            | <b>Phone Number Change(s)</b> |
| Yes <i>(All accounts attached to the TIN or SSN listed above.)</i> | Home _____                    |
| No, only change account(s) indicated below.                        | Day Time _____                |
|  | E-mail address _____          |

| Type Of Account               | Account Number | Bank Use Only |      |
|-------------------------------|----------------|---------------|------|
|                               |                | Changed By    | Date |
| Checking                      | _____          |               |      |
| Money Market                  | _____          |               |      |
| Savings                       | _____          |               |      |
| Time Deposits                 | _____          |               |      |
| IRA Accounts                  | _____          |               |      |
| MasterMoney/Cash Station/STAR | _____          |               |      |
| Loans                         | _____          |               |      |
| Safe Deposit                  | _____          |               |      |
| Trust                         | _____          |               |      |
| Other                         | _____          |               |      |

|                         |                                     |      |
|-------------------------|-------------------------------------|------|
| Customer Signature      |                                     | Date |
| Customer Signature      | Authorized signer on above accounts | Date |
| Bank Employee Signature | Authorized signer on above accounts | Date |

Customer Signature Verified?

**Complete and return this page only to:** Glenview State Bank  
 Attn: Teleservicing  
 800 Waukegan Rd.  
 Glenview, IL 60025 or  
 FAX to 847-832-0160