



Think of Us First!®

FIRST NATIONAL BANK of Milaca

www.fnbmilaca.com

CHANGE OF ADDRESS

Instructions: Complete (print or type clearly), sign and delivery in person or by mail to:
First National Bank of Milaca –ATTN: New Accounts, P.O. Box 38, Milaca MN 56353

What type of changes are you requesting?	<input type="checkbox"/> Physical and Mailing Address <input type="checkbox"/> Physical Address only <input type="checkbox"/> Mailing Address only	<input type="checkbox"/> Telephone Number Change <input type="checkbox"/> Email Address Change <input type="checkbox"/> Internet Banking Affected
---	--	---

***Physical Address CANNOT be a P.O. Box**

Individual/ Business Information <i>Provide name as it appears on your statement</i>	ACCOUNT NAME/TITLE	DOB/Last 4 digits of SSN
	ACCOUNT NAME/TITLE	DOB/Last 4 digits of SSN
	ACCOUNT NAME/TITLE	DOB/Last 4 digits of SSN
	OTHER	

New Address <i>Provide new address AND current phone number(s) /email</i> NOTE: For a P.O. Box, a physical address is required	MAILING ADDRESS	CITY	STATE	ZIP
	PHYSICAL ADDRESS	CITY	STATE	ZIP
	PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER		
	PRIMARY EMAIL ADDRESS	SECONDARY EMAIL ADDRESS		
	ADDITIONAL INFORMATION			

ACCOUNT INFORMATION	<i>CHANGE (the above information) for ALL accounts listed below. Accounts NOT listed will NOT be changed. (Checking, Savings, Loan/VISA, IRA, CD, Safe Deposit Box, etc.)</i>
----------------------------	---

TYPE OF ACCOUNT	ACCOUNT NUMBER(S) – last FIVE digits only

In order to ensure the accuracy of your information, an authorized account holder must sign below.

NOTE: Joint accounts, only one signature is required – Additional verification may be required if unable to validate

Customer Authorization	Name – of Account Holder (print)	Signature	Date
	Name – of Account Holder (print)	Signature	Date

Bank Use Only:

Verified by/date:	Method used:	Input By/Date:	Reviewed By/Date:
-------------------	--------------	----------------	-------------------

