



Change of Address Form

Permanent/Home Address Mailing/Alternate Address Effective Date: _____

Customer's Name(s): 1) _____ 2) _____

Social Security Number(s): 1) _____ 2) _____

Previous Address: _____

New Address: _____

County/Township: _____

Home Phone: 1) _____ 2) _____

Work Phone: 1) _____ 2) _____

Account Number(s) Affected: _____

Debit Card Number(s): 1) _____ 2) _____

E-mail address: 1) _____ 2) _____

Does either customer use internet banking? Please circle: Customer 1) Yes or No Customer 2) Yes or No

Does either customer use Woodlands Bank Bill Payer? Customer 1) Yes or No Customer 2) Yes or No

Please list any account number(s) for which new checks should be ordered: _____

Does this change affect anyone else who has accounts with us? Please circle: Yes or No

If yes, please provide name(s): _____

Customer's Signature Date 2nd Customer's Signature * Date

** 2nd Customer's signature is also required if he/she uses his/her own ATM card or Internet Banking, or is a joint owner of Woodlands Financial Services Stock.*

ID Verified: Photo ID Signature Other _____

COPIES MADE

County/Census Tract: _____

Shareholder

Changed By: _____ Date: _____

Commercial Loans

Reviewed By: _____ Date: _____

Consumer Loans

Comments: _____