

CHANGE OF ADDRESS/PERSONAL INFORMATION

Customer Name: _____ Mother's Maiden Name: _____

Social Security Number (include dashes): _____ Key Word: _____

Date of Birth: _____ Telephone Number: _____

Keyword Options: 1. My first pet's name; 2. Middle name of my favorite relative/friend; 3. First name of my oldest cousin; 4. What I wanted to be when I grew up; 5. Name of my favorite stuffed animal/toy as a child

E-Mail Address: _____ Work Number: _____

Employer/Occupation: _____ Cell Number: _____

ID Type: _____ ID Number: _____ Issued by: _____

ID Expiration: _____ Issued Date, if available: _____

Old Address (required)

New Residential Address (required)

Mailing Address (if different from residential, ex. PO Box)

Address change is: Permanent Temporary Start Date: _____ End Date: _____

Check One:

Please change the address on all my accounts. Note: If Trust/Infinex acct - customer must contact them directly for changes

Please change the address only on the account numbers listed below

Do you have any consumer or residential loans with Greenfield Savings Bank? Yes No

Do you use online banking? Yes No

Do you use bill payment? Yes No

Do you receive an estatement? Yes No

Do you have any Commercial Loans with Greenfield Savings Bank Yes No

Signature

Date

Internal Use Only:

CIP On File Yes No ID is in Nautilus Yes No Message Placed on Profile Yes No

Verification Performed via Phone: Key Word MN Name Date of Birth Last 4 SSN Direct Dep/ACH WDL

Accepted by: _____ Date: _____

Maintenance by: _____ Date: _____