

# CHANGE OF ADDRESS FORM

Please print this form, fill it out completely *with signature*, and either drop it by your nearest HomeTown Bank location OR scan and email it to [change.address@htbna.com](mailto:change.address@htbna.com)  
Thank you!

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_  
CELL \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

IS THIS E-MAIL ADDRESS IS NEW?    YES            NO

PLEASE CHANGE THE ADDRESS ON MY:  
(*FILL IN ACCOUNT NUMBERS WHERE APPLICABLE.*)

CHECKING	_____	_____	_____
SAVINGS	_____	_____	_____
CDs	_____	_____	_____
LOANS	_____	_____	_____

*PLEASE CIRCLE/MARK ALL THAT APPLY:*

SAFE DEPOSIT BOX	COLLECTION NOTE	IRA
STOCK	BILL PAY	
INTERNET BANKING	CASH MANAGEMENT	
DEBIT CARD/ ATM CARD		
OTHER _____		

**SIGNATURE** \_\_\_\_\_