



Completing Your Change of Address:

To complete your change of address, simply fill out this Request to Change Address form. Once completed, please sign and return this form to your nearest Farmers State Bank location or by mail to: *Farmers State Bank, Attn: Deposit Operations, 220 S. Detroit St., Lagrange, IN 46761.*

REQUEST TO CHANGE ADDRESS

NAME: _____ SS# _____ EFFECTIVE DATE: _____

OLD ADDRESS:

Mailing Address _____
Physical Address: _____
City _____ State _____ ZIP CODE _____
Home Phone # _____ Cell Phone # _____ Email _____

NEW ADDRESS:

Mailing Address _____
Physical Address: _____
City _____ State _____ ZIP CODE _____
Home Phone # _____ Cell Phone # _____ Email _____

WILL THIS APPLY TO ALL YOUR FSB ACCOUNTS? Yes No

If no, please list accounts that need to be changed:

IF THIS IS A SEASONAL ADDRESS:

Effective Dates: _____ to _____

Roll dates for next season? Yes No

Request received: In person By mail

Customers Signature: _____ **Verified by FSB employee** _____ **Date** _____

Need help? Call 260.463.7111 or 888.492.7111 to speak with Customer Service.

Thank you for choosing Farmers State Bank for all of your banking needs.

Bank use only: Input by _____ Verified by _____ Date _____