



CHANGE OF ADDRESS FORM

NAME(S) AND PRESENT ADDRESS

NAME(S):					
ADDRESS:					
CITY:		STATE:		ZIP:	

NAME(S) AND NEW ADDRESS

NAME(S):					
ADDRESS:					
CITY:		STATE:		ZIP:	

Account Number(s) Please Check the box

<input type="checkbox"/>	Regular Checking	
<input type="checkbox"/>	IRA	
<input type="checkbox"/>	Savings	
<input type="checkbox"/>	Certificate of Deposit (CD)	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Loans	
<input type="checkbox"/>	ATM/Debit card	
<input type="checkbox"/>	Please apply address change to all my/of our Accounts	

Effective Date: _____

Bank Use Only: _____

Customer Signature _____

Date _____

Changed By: _____

Date: _____

Please return this signed form to:

Attn: Change of Address

Western Bank, a Division of American National Bank

903 Washington Avenue South

Minneapolis, MN 55415

Phone: 612-238-4800 Fax: 612-238-4850

Member
FDIC