



**address change**

Primary address  Statement address  Temporary address (seasonal)

**account information**

**List Account Numbers**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you receive an interest check from SCB?  Yes  No

**primary accountholder**

Last name first name middle Initial

social security number (optional)

Does this account have a credit/debit card?  Yes  No

Do you have a safe deposit box with SCB?  Yes  No

**joint account holder**

Last name first name middle Initial

social security number (optional)

Does this account have a credit/debit card?  Yes  No

Do you have a safe deposit box with SCB?  Yes  No

**current address**

Is this a temporary change?  Yes  No

street

city state Zip code

Phone number

**new address**

Is this a permanent change?  Yes  No

street

city state Zip code

Phone number

email\* (optional)

**signature**

Primary signature date

Joint signature date

**important information**

**A copy of your driver's license with the new address must be included with this form. Once complete and signed, please mail, email, or fax to:**  
Mail: SCB | 301 W. michigan avenue, ms 4-323 | Jackson, mi 49201 Fax: (806) 589-5046

\* By providing your email address to us, you expressly consent to receive emails from us. We may use email to communicate with you, to send information that you have requested or to send information about other products or service developed or provided by us. We will not give your email address to another party to promote their products or services directly to you.