



Cherokee State Bank Change of Address Form

Name/Names _____

(Please Note: PO Box holders must furnish a physical address as well as mailing address)

Old Address

New Address

City

State/ Zip Code

Cell Phone _____

Home Phone _____

Employer _____

I hereby verify that the above information is correct.

X _____ Date _____
Signature

FOR BANK USE ONLY

RECEIVED BY _____ DATE RECEIVED _____

INPUT BY _____ INPUT DATE _____