



Address Change Request Form

Your Full Name (print): _____ DOB: _____

Are there any other account holders in your household affected by this change? _____

If yes, please list their names and birthdates:

Full Name (print): _____ DOB: _____

Full Name (print): _____ DOB: _____

Full Name (print): _____ DOB: _____

Full Name (print): _____ DOB: _____

PREVIOUS ADDRESS INFORMATION

ADDITIONAL INFORMATION

HOME PH: _____
WORK PH: _____
MOBILE PH: _____
EMAIL ADDRESS: _____

CURRENT ADDRESS INFORMATION

LIST ALL DIRECTLY-OWNED ACCOUNTS

CHECKING: _____
SAVINGS: _____
ATM/DEBIT: _____
LOANS: _____
SDB: _____
COD/IRA: _____

Do you or any member of your household have a DSB Visa Debit Card or ATM Card? _____

Do you or any member of your household order checks through DSB or Harland-Clarke? _____

Signature: _____ Date: _____

TO SUBMIT:

FAX: Fax to Topeka branch office at 785-272-0163.

Mail: Mail to Denison State Bank, 3640 SW Fairlawn, Topeka, KS 66614.

Deliver: To any Denison State Bank location or night-drop box.

Questions? Contact the address change coordinator at 1-800-633-2423 or 785-272-3399.

FOR INTERNAL USE:

Received by: _____ Date: _____
Processed by: _____ Date: _____