ACCOUNT CHANGE OF ADDRESS FORM

Account Name					
					United Valley Bank
<u> </u>	_				
Cavalier	Grand Forks	Argyle	Hallock	Mahnomen Tw	in Valley
We want to make your move easier.				We will update our records so that your statements are sent to your new location after your move.	
When you know	w vour new addre	220	are sent to your new location	on alter your move.	
When you know your new address complete this form, tell us the effective					
date of change of address, and mail				Our customer service staff	will be happy
or deliver this form to the address listed				to help you if you need to order checks with	
above.				your new address.	
				,	
NEW ADDRESS					
EFFECTIVE D	ATE			Social Security Number	
Address					
Audress					
City			State		ZIP
Home Phone			Work Phone		Other
			WOLK I HOLIC		Other
Physical Address (if different)					
Email Address					
CEACONAL A	DDDECC				
SEASONAL A	DDKESS			END DATE	
START DATE				END DATE	
A al alma a a					
Address					
			I		I
City			State		ZIP
Home Phone			Cell Phone		Other
Dharainal Adala	(:f - :ff+)				
Physical Address (if different)					
Email Address					
Liliali Address	•				
Authorized Sig	gnature			Date	
			-		
BANK USE:					
			:		
Attach Port Print Out Both Before and After Change					
Port #:			Da	ate Changed/By	
				,	
		Address ID	#		
		HSA			
Davisast: 40/00	20	IRA Credit Plan			
Bill Pay (Notify CSR)				/	

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