



Lytle State Bank

Request for Change of Address Form

This form authorizes Lytle State Bank to change the address on the accounts indicated.

1. Complete sections 1-4.

2. Mail the completed and signed form to Lytle State Bank, P.O. Box 575, Lytle, TX 78052 or drop off at 14631 S. FM 2790 W., Lytle, TX 78052.

1. Customer Information					
Name (please print)			Social Security Number		
Also affects the following customer					
Name (please print)			Social Security Number		

2. New Address Information					
New Mailing Address			New Street Address		
City	State	Zip	City	State	Zip
New Home Number		New Work Phone		New Cell Phone	
				New E-mail Address	
<input type="checkbox"/> Permanent Address Change		<input type="checkbox"/> Seasonal Address Change		From Date of	To Date of

3. Old Address Information					
Old Mailing Address			Old Street Address		
City	State	Zip	City	State	Zip
Old Home Number		Old Work Phone		Old Cell Phone	
				Old E-mail Address	

4. Check the appropriate Box(es):					
<input type="checkbox"/> Change the address on my Deposit Accounts listed below:					
<input type="checkbox"/> Change the address on my Loan Accounts listed below:					
<input type="checkbox"/> Change the address on my Safe Deposit Boxes listed below:					
<input type="checkbox"/> Change the address on my Debit Card(s) listed below:					

5. Your Signature:

I/(we) hereby authorize Lytle State Bank to make the address changes as indicated above.

Signature (this form must have your signature to be processed)

Date

For Bank Use Only

Date Received: _____ CSR: _____

Changes made by: _____ Date: _____

ALERT! (Need current address, contact customer service) on Do Not Mail or Address Unknown ONLY.

Change State Cycle: DDA-22, SAV-33, or BUS-11 _____

