

MANASQUAN SAVINGS BANK
P.O. BOX E
MANASQUAN, NJ 08736-0635

CHANGE OF ADDRESS AUTHORIZATION FORM

To protect the security of your information, Manasquan Savings Bank requires an original signed form to change your address. Please do the following:

1. Print and complete this form.
2. Mail or drop off at your local office.

Account Name 1: _____ Social Security #: _____

Account Name 2: _____ Social Security #: _____

OLD ADDRESS

NEW ADDRESS

_____ (Zip +4)

_____ (Zip +4)

NEW TELEPHONE NUMBER: _____

This change applies to the following listed accounts. (Please include any accounts closed this year)

Account # _____ Account # _____ Account # _____

Account # _____ Account # _____ Account # _____

Account # _____ Account # _____ Account # _____

E-Mail Address (Optional) _____

I have an ATM or Visa Check Card ()YES ()NO

You are authorized by my signature below to change my mailing address.

(Signature of Account Owner)

(Signature of Account Owner)

THIS SECTION FOR BANK USE ONLY

Change mail code flag from 9 to 0 _____ (Field 15 for DDA/Field 10 for Savings)

Change address with Fiserv EFT _____ Check for & redirect any current mailings, statements notices, etc.

Accepted By: _____ Date: _____

Supervisor Review: _____ Date: _____

Processed By: _____ Date: _____