

EXCHANGE BANK & TRUST CHANGE OF ADDRESS REQUEST

Customer Name #1 _____

SSN XXX - _____ - _____ Military - Rank _____

Customer Signature(required) _____

Customer Name #2 _____

SSN XXX - _____ - _____ Military - Rank _____

Customer Signature(required) _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Cell Home

E-mail address _____

Permanent Change Effective Date _____

Temporary Change Start Date _____ End Date _____

All accounts that have the above SSN(s) as the Primary Account Holder will be changed upon receipt of this request unless otherwise noted. If there are additional parties on an account they must also complete an address change request.

Address changes may be accomplished by completing and returning this form or by one of the following methods;

1) a Secure Message via Internet Banking 2) via Phone (913) 367-6000 or Mil-800-255-6762 3) via the e-mail on record with the bank 4) in person

Additional Information

For Bank Use only

Request received by _____ Date _____

Change Method Written Form Net Teller Secure Message E-mail Phone

CIF #1 _____ #2 _____ By _____ Date _____

Loan accounts _____ By _____ Date _____

DDA Accounts _____ By _____ Date _____

Savings Accounts _____ By _____ Date _____

CDs _____ By _____ Date _____

IRAs _____ By _____ Date _____

Safe Deposit _____ By _____ Date _____

Trust _____ By _____ Date _____

Debit Card _____ By _____ Date _____

Scanned _____ By _____ Date _____