



CHANGE OF ADDRESS FORM

Please fill out this form and return to any SNB office or mail to
PO Box 450, Hancock, MI 49930, or fax: 906-482-2930.

Effective Date of Address Change _____

Seasonal Address Change? NO YES. Expected return date _____

(please print, thank you.)

ACCOUNT OWNER NAME _____ Social Security No. **or** Tax ID No. _____

ACCOUNT CO-OWNER NAME _____ Social Security No. **or** Tax ID No. _____

OLD Mailing Address (Street/PO, City, State, Zip) _____

NEW Mailing Address (Street/PO, City, State, Zip) _____

NEW Physical Address (If different from new mailing address) _____

Home Phone _____ Business Phone _____ Cell Phone _____

Please CHECK HERE if ALL accounts of the above-named account owner should be changed to the new address.
Otherwise, list below those accounts to fall under the new address:

(account types include checking, savings, certificate of deposit, Keweenaw Financial shareholder, loan, safe deposit box, Trust & Investment account)

Account No. & Type _____ Account No. & Type _____

Account No. & Type _____ Account No. & Type _____

Account No. & Type _____ Account No. & Type _____

Account No. & Type _____ Account No. & Type _____

SIGNATURE (you must be an authorized signer on the account to change the address)

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FOR BANK USE

RECEIVED BY: _____
CHANGED BY: _____
CHECKED BY: _____

Branch: _____
Date: _____
Date: _____

Date: _____

Thank you for your business.