



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)

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

FOR BANK USE

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

Branch: _____
Date: _____
Date: _____

Date: _____

Thank you for your business.