



Change of Name and/or Address Form

Current Name: _____

New Name: _____

Old Address: _____
(Street/PO Box) (City) (State) (Zip)

New Mailing Address: _____
(Street or PO Box) (City) (State) (Zip)

New Street Address: _____
(Street) (City) (State) (Zip)

New Phone #(s): _____
(Home) (Work-Daytime) (Cell)

E-mail Address: _____

Tax ID Number: _____

Signature: _____ **Date:** _____

Account Number(s): _____

Change Requested Via: _____ E-Mail _____ Fax _____ In Person
(Signature Required BEFORE any changes will be made)

Change Received By: _____ Date: _____

Maintenanced By: _____ Date: _____

Verified By: _____ Date: _____

Return Completed Form to:

New Windsor State Bank
Attn: Deposit Operations
222 E Baltimore St
Taneytown MD 21787

Member FDIC