

ELKHORN VALLEY BANK & TRUST CHANGE OF ADDRESS FORM

To ensure the security of your personal information, your signature is required to change your address. After completing this form, please sign. You may then fax, mail, or deliver to any of our branches.

Customer Information

Name: _____

Social Security #: _____ Suffix: _____

Effective Date of Address Change: ____ / ____ / ____
mm dd yy

Account #(s): _____

Do you have a VISA Debit Card with Elkhorn Valley Bank? Y or N Account # _____

Do you have Investments with Elkhorn Valley Bank? Y or N Account # _____

Do you have a credit card with Elkhorn Valley Bank? Y or N Account # _____

Do you have an account with our Trust Department? Y or N Account # _____

Do you use Bill Pay? Y or N

Are any other tax id #s affected by this address change? (e.g. children or spouse accounts)

Y or N (please list) _____

Old Address

Street: _____

City: _____ State: _____ Zip Code: _____

New Address

Street: _____

City: _____ State: _____ Zip Code: _____

Contact Information

New Home Phone Number: _____ Work Phone Number: _____

Old Home Phone Number: _____ Cell Phone Number: _____

Email: _____

Signature: _____ **Date:** ____ / ____ / ____
mm dd yy

Bank Contact Information

Mail to: Elkhorn Valley Bank & Trust
800 W. Benjamin Avenue
PO Box 1007
Norfolk, NE 68702-1007

Fax: (402) 371-2847
Phone: (402) 371-0722