



CHANGE OF ADDRESS FORM

Please fill out this form in its entirety and return the signed, original to the address at the bottom of this form or in person.

ACCOUNT NAME(S) : _____ Effective Date: _____

OLD ADDRESS: _____ APT / UNIT #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NEW ADDRESS: _____ APT / UNIT #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NEW TELEPHONE: _____ OLD TELEPHONE: _____

EMAIL ADDRESS: _____

☐ I / we authorize Sabine State Bank to change my/our address of record on any and all accounts to which I/we are a party.

Please indicate product(s)/service(s) for the address to be changed:

Deposit Accounts:

Account # _____ Account # _____

Account # _____ Account # _____

Credit Cards:

Account # _____ Account # _____

Loans:

Account # _____ Account # _____

Other:

Account # _____ Account # _____

SIGNATURE: _____ DATE: _____
(Must match signature on file)

SIGNATURE (2): _____ DATE: _____
(Must match signature on file)

Sabine State Bank & Trust Co.
P.O. Box 670
297 Elizabeth St.
Many, LA 71449

*For Bank Use: if this customer is a loan customer, please send a copy to the lending department.