

The Bank of South Carolina

Change of Address

Name: _____

Old Address: _____

City: _____ State: _____ Zip: _____

New Physical Address: _____

City: _____ State: _____ Zip: _____

Census Tract: _____

New Mailing Address: _____

City: _____ State: _____ Zip: _____

Census Tract: _____

Please list any Accounts/Customer Identification Number(s) [CIFN] in this section in which you want this New Address related to and X the Box as to whether it is the Physical or Mailing Address you are applying the Address to:

Checking: _____ Physical Mailing

Savings: _____ Physical Mailing

Loan: _____ Physical Mailing

Check Card: _____ Physical Mailing

Certificate of Deposit: _____ Physical Mailing

CIFN (Bank use only): _____ Physical Mailing

Credit Cards: *Customer should notify credit card issuer of address change per the information on the back of the card.*

Customer Signature: _____ Date: _____

Customer Signature: _____ Date: _____

***2nd Customer Signature required if 2nd Customer maintains his/her own Check Card and it is to be changed. ***

For Bank Use Only:

Changed By: _____ Date: _____

Approved By: _____ Date: _____

Original to Operations _____

Copy to:
Loan Department _____

Check Card Department _____