



SOUTH CENTRAL BANK

A BANK THAT'S ALL YOUR OWN

CHANGE OF ADDRESS FORM

To ensure the security of your personal information, your signature is required to change your address. Simply print, complete, sign and either send this form to the address below, drop off at your local branch location or fax form to the number below.

Mail:
South Central Bank
Attn: Customer Service
525 W Roosevelt Rd
Chicago, IL 60607

or

Fax completed form:
(312) 421-1240

Customer Information

First Name: _____ Last Name: _____

Cell phone number: (____) _____ E-mail Address: _____

Account Information

Effective Date Change: ____/____/____ Alternative Address (begin date: _____ end date: _____)
mm dd yyyy

All Accounts ATM/Debit Card Statement Only

Customer Account Number(s) _____; _____; _____; _____;

Old Address

Street: _____ (Apt #) _____

City: _____ State: _____ Zip Code: _____

New Address Information

Street: _____ (Apt #) _____

City: _____ State: _____ Zip Code: _____

Home phone number: (____) _____

Customer Signature: _____ Date ____/____/____
mm dd yyyy

For Customer Service only

Employee taking change: _____ Date of change: ____/____/____
mm dd yyyy

Employee Verified customer by: ID's Signature Card Other: _____

For Bookkeeping only

Reviewed By: _____ Date ____/____/____
mm dd yyyy

Managers Initials: _____