

NORTH SHORE TRUST & SAVINGS
CHANGE OF ADDRESS FORM

NAME _____ DATE _____

SOCIAL SECURITY NO. _____ TELEPHONE NO. _____

OLD ADDRESS _____ LOAN NO. _____

NEW ADDRESS _____ SAV ACCT _____

_____ CD ACCT _____

_____ NOW ACCT _____

_____ CUSTOMERS SIGNATURE _____ MM ACCT _____

_____ XMAS CLUB _____