



NOTICE OF CHANGE OF ADDRESS

Delivering value. For life.

Oxford Bank
 60 S Washington
 P.O. Box 17
 Oxford, MI 48371

**** We can accept a faxed signature. **** If mailing, please return the completed form to the above address.
 For your safety, the U.S. Postal Service will not forward any financial information from us if you do not reside at the address we have on record.

If you have any questions, please contact us by calling (248) 628-2533.

PLEASE CHECK ALL THAT APPLY:			
<input type="checkbox"/> SAVINGS		<input type="checkbox"/> CHECKING	
<input type="checkbox"/> ALL ACCOUNTS			
NAME (PRINT OR TYPE LAST NAME, FIRST NAME, M.I.)			** CIF NUMBER **
ADDRESS OLD	NUMBER AND STREET ADDRESS (REQUIRED)		HOME PHONE
	STREET ADDRESS (CONT'D)		WORK/CELL PHONE
	CITY	STATE	ZIP CODE
ADDRESS NEW	NUMBER AND STREET ADDRESS (REQUIRED)		HOME PHONE
	STREET ADDRESS (CONT'D)		WORK/CELL PHONE
	CITY	STATE	ZIP CODE
E-MAIL ADDRESS		MOTHER'S MAIDEN NAME	* ARE YOU ADDING THIS AS A SEASONAL ADDRESS?
PRIMARY OR JOINT SIGNATURE			DATE

* For a seasonal address, please enter the start date ____/____/____ and end date ____/____/____.

OFFICIAL USE ONLY			
INITIALS _____	INITIALS _____	ADDRESS FORWARDED BY POST OFFICE? YES ____ NO ____	ADDRESS CONFIRMATION LETTER SENT? YES ____ NO ____
DATE _____	DATE _____	DATE _____	DATE _____
VERIFIED ID? YES ____ NO ____	ENTERED ON SYSTEM? YES ____ NO ____		