

Sandhills Bank

Change of Address Form

Account Holder(s): _____ Social Security Number: _____

_____ Social Security Number: _____

Date of Birth: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Driver's License: _____ Cell Phone: _____

Account Number(s): _____

Change All Accts: Yes _____ No _____

*Temporary Change Yes _____ No _____

Account Number(s) NOT to be changed: _____

Previous Address:	New Address:
_____	_____
_____	_____
_____	_____
_____	_____

Effective Date: _____

*Effective Date for Temporary Change: From: _____ To: _____

Auth. Signature(s): _____

Date: _____
PO Box 127
Bethune, SC 29009
PH(843)334-2265
FAX(843)334-6013

PO Box 66
North Myrtle Beach, SC 29597
PH(843)280-9922
FAX(843)280-9868

PO Drawer 338
McBee, SC 29101
PH(843)335-2265
FAX(843)335-6599