



HIGH POINT BANK

NEW ADDRESS INFORMATION

NAMES ON ACCOUNTS AFFECTED BY THIS CHANGE:

OLD ADDRESS:

NEW ADDRESS:

PLEASE PROVIDE ADDITIONAL INFORMATION:

WORK PHONE _____

HOME PHONE _____

WORK PHONE _____

E-MAIL ADDRESS _____

FOR NAME CHANGES OR ADDITIONS, PLEASE COME INTO ONE OF OUR BRANCHES.

ACCOUNTS YOU WANT US TO CHANGE

PLEASE CHOOSE ONE OF THE FOLLOWING:

___ 1. CHANGE ALL ACCOUNTS (Checking, Savings, CD's, Money Market Accounts, Loans) I HAVE WITH THE "OLD ADDRESS" LISTED ABOVE.

OR

___ 2. CHANGE ONLY THE FOLLOWING ACCOUNTS:
(Include the account number and check appropriate type)

<u>Account Number</u>	Deposit Accts	Loans	Debit/ATM	Safe Dep Box	HPB Credit Card	Insurance	Trust	HPB Stock

PLEASE SIGN FOR APPROVAL OF CHANGE:

_____ DATE

Mail to:

High Point Bank and Trust Company
PO Box 2270
High Point NC 27261

or drop off at any branch location

FOR INTERNAL USE ONLY

___ LOAN OPERATIONS ___ TRUST DEPARTMENT ___ INSURANCE
___ CREDIT CARDS ___ ATM CARDS ___ SAFE DEPOSIT

RECEIVED BY: _____ DATE: _____