



## CHANGE OF ADDRESS FORM

Customer Name: \_\_\_\_\_ SSN# \_\_\_\_\_

**New Address:**

Street: \_\_\_\_\_ APT# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**New Mailing Address: (If Different from Above)**

Street: \_\_\_\_\_ APT# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

**Form completed in person:** By signing below I acknowledge this change of address is to become effective immediately and will change the address on **ALL** accounts with the Bank for which I am the Primary Owner (unless otherwise noted).

**Form NOT completed in person:** By signing below I acknowledge that this change of address will **NOT** take effect immediately and that it applies to **ALL** accounts with the Bank for which I am the Primary Owner (unless otherwise noted). I also acknowledge that I will receive a letter in the mail as confirmation of this change. I understand that this address change is null and void and may result in prohibited access to my debit card until I receive the said confirmation letter from the Bank.

**I have read and understand the above statements.**

Account Holder Signature: \_\_\_\_\_ Date \_\_\_\_\_

Identification Used: \_\_\_\_\_

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**For Bank Use Only**

**Form Received By:** \_\_\_\_\_

**Dept/Branch:** \_\_\_\_\_

**Form completed (select one):**  In Person  Via Mail

**Date:** \_\_\_\_\_

*Verification Method:*

**Changed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Verified by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date of Confirmation Letter:** \_\_\_\_\_

**Date Confirmation letter returned:** \_\_\_\_\_