

CHANGE OF ADDRESS FORM

Taken by: _____ Date: _____ FM BY: _____ Date: _____

ATM Card: Yes _____ No _____ ATM Maintained By: _____ Date _____

ACCOUNT NUMBERS TO BE FILE MAINTAINED

Seasonal Address: Date From _____ Date To _____

Name: 1. _____ SSN _____ Ph# _____
2. _____ SSN _____ Ph# _____
3. _____ SSN _____ Ph# _____

Address: _____

City: _____ St _____ Zip _____

Secondary

Name: _____ SSN _____ Ph# _____

Address: _____

City: _____ St _____ Zip _____

Accountholder Signature: _____ Date: _____

Signature Verification Date _____ Method of Verification _____

Form of Customer Verification _____

Due to the Identity Theft Red Flags and Address Discrepancy Regulations that all financial institutions are required to follow effective November 1, 2008, we require your signature in order to change your address.