



ADDRESS CHANGE FORM

Address change requests must be signed by an authorized signatory. Only those accounts where the requester is an authorized signatory either single or jointly held will be changed. Complete additional forms as needed.

ACCOUNT NAME(S)

1) _____
2) _____

SOCIAL SECURITY OR EIN NUMBER

1) _____
2) _____

PLEASE LIST ALL ACCOUNT NUMBER(S) TO BE CHANGED

CHECKING ACCOUNT(S) _____
SAVINGS ACCOUNT(S) _____
CERTIFICATES OF DEPOSIT(S) _____
IRA CERTIFICATES _____
LOAN ACCOUNT(S) _____
OTHER SERVICE(S) _____

Example: ATM/Debit card or Safe Deposit Box

PLEASE ENTER NEW ADDRESS INFORMATION

STREET ADDRESS _____
MAILING ADDRESS _____
CITY, STATE, ZIP CODE _____
NEW HOME PHONE _____ WORK PHONE _____
ADDITIONAL COMMENTS: _____

X _____
Authorized Signer Date Signed

X _____
Authorized Signer Date Signed

BANK USE ONLY

ACCEPTED BY (ENTER INITIALS): _____ BRANCH/DEPT.: _____
REQUEST WAS TAKEN: IN PERSON _____ PHONE _____ (Privacy Guidelines were Completed)

If no authorized signature, have form signed by branch manager, assistant manager, head teller, branch specialist or bank officer below:

APPROVED BY: _____

Notary Use Only

Commonwealth of Pennsylvania

County of: _____

On this the ____ day of _____, _____, before me, the undersigned officer, personally appeared, known to me (or satisfactorily proven) to be the person(s) whose name(s) is / are subscribed to the within instrument and acknowledged that he / she / they executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

Notary Public