CHANGE OF ADDRESS REQUEST FORM

NAME:		
OLD ADDRESS: (Address currently on system)		
NEW ADDRESS:		
OLD PHONE NUMBER: (# currently on system):		
NEW PHONE NUMBER		
For security and identity verification purposes, Please furnish the last four (4) digits of your Social Security Number:		
Do you have a Debit or ATM Card:	YES	NO
SIGN:	DATE	

Step #1) – Orig. form to Lisa/Jamie for system verification/u	pdates:	Updated Date:
Step #2 Copy to Branch Mgr. for Debit card deletion:		Updated Date:
Step #3 Copy sent to Kristi for Internet Banking deletion:		Updated Date:
Step # 4 Copy sent to Jamie for iPay deletion:		Updated Date:
Step # 5 Copy sent to Laurie for W-Kluwer Review		UpDated Date:

Revised 02/2023 * NOTE to staff * Once <u>all steps completed</u> and initialed/dated – Return the form back to main for file/review by Penny.