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	
************	*****	********
Bank Personnel originating form:		Date sent:
Step #1) – Orig. form to Lisa/Jamie for system verification/u <i>Includes updating all debit card/shazam records/</i>		
Step # 2) Copy sent to Laurie for W-Kluwer Review		UpDated Date:

Revised 06/2023 * NOTE to staff * Once all steps completed and initialed/dated – Return the form back to main for file/review by Penny.