



**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.

<b>ACCOUNT NAME(s)</b>	<b>SOCIAL SECURITY OR EIN NUMBER</b>
1) _____	1) _____
2) _____	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 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 the he/she/they executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public