Change of Address Form

CUSTOMER INFORMATION **PLEASE PRINT ALL INFORMATION**

CUSTOMER NAME _____

SOCIAL SECURITY NUMBER _____ EMAIL ADDRESS _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

PLEASE ENTER YOUR **OLD ADDRESS**

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PLEASE ENTER YOUR **NEW ADDRESS**

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ADDITIONAL INSTRUCTIONS

_____

ACCOUNT INFORMATION

☐ PLEASE CHANGE THE FOLLOWING ACCOUNTS TO THE ADDRESS LISTED ABOVE.

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

☐ VISA DEBIT/ATM CARD ☐ OWN FARMERS BANK STOCK-ANOTHER FORM REQUIRED

☐ **BILL PAY CUSTOMER**

CUSTOMER SIGNATURE: _____ **DATE:** _____

ADD'L ACCOUNTHOLDER PRINT NAME: _____

SIGNATURE: _____

OTHER HOUSEHOLD PRINT NAME: _____

SIGNATURE: _____

FOR BANK USE ONLY REQUEST RECEIVED _____ IN PERSON _____ BY MAIL

EMPLOYEE RECEIVING REQUEST SIGNATURE: _____ DATE: _____

EMPLOYEE MAKING CHANGE: _____ DATE: _____

EMPLOYEE VERIFYING CHANGE: _____ DATE: _____