

# 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: \_\_\_\_\_