

ADDRESS CHANGE REQUEST

Init _____ Branch _____

Name (please print): _____ Social Security # _____

My address has changed and this address is (choose One) :

☐ PERMANENTEFFECTIVE _____
date☐ TEMPORARY – UNTIL*

* will return to 'old address' after this date

☐ SEASONAL –

Each year from _____ - _____

OLD ADDRESS

Street: _____

P.O.Box: _____

City/St/Zip: _____

NEW ADDRESS☐ PRIMARY☐ RESIDENTIAL☐ BOTH

Street: _____

P.O.Box: _____

City/St/Zip: _____

Home Phone: _____

Email Address: _____

Cell Phone: _____

ALTERNATE ADDRESS

Street: _____

P.O.Box: _____

City/St/Zip: _____

Account(s) _____

TEMPORARY/SEASONAL ADDRESS

Street: _____

P.O.Box: _____

City/St/Zip: _____

☒ Please check appropriate request☐ Change the address on ALL my accounts **OR** ☐ Change ONLY the accounts listed below:

Deposit Accounts: _____

Loan Accounts: _____

Do any of these apply:

➔ I have safe deposit box # _____ located at: _____

➔ I have an Athol Savings Bank ATM / Debit Card ☐ Yes ☐ No➔ Other household members are affected by this change ☐ Yes customer must fill out reverse side ☐ No➔ I have: Online Banking ☐ No ☐ Yes If Yes, Reason for Form? _____➔ I have: Bill Pay ☐ No ☐ Yes☐ Please DO NOT send backdated account statements ☐ Please send ALL backdated account statements

☞ I certify that the above information is correct: _____ Date: _____

Customer Signature

Maintained By _____

Date changed _____

☐ I have reviewed all profiles for any applicable alternate addresses☐ Copy sent to Loan Servicing - if applicable ☐ Copy sent to branch where safe deposit box is located - if applicable☐ Copy sent to Internet Banking Department - if applicable

Other Household Members Affected by Change of Address

Please Change my address to that which is indicated on the reverse side:

Name (please print) _____ Social Security # _____

Email Address: _____ Home Phone: _____ Cell Phone: _____

→ I have: ☐ ATM / Debit Card ☐ Online banking ☐ Bill Pay

Signature:  _____ Date: _____


☐ Check if customer is a minor and authorization is by parent/guardian.

Please Change my address to that which is indicated on the reverse side:

Name (please print) _____ Social Security # _____

Email Address: _____ Home Phone: _____ Cell Phone: _____

→ I have: ☐ ATM / Debit Card ☐ Online banking ☐ Bill Pay

Signature:  _____ Date: _____

☐ Check if customer is a minor and authorization is by parent/guardian.

Please Change my address to that which is indicated on the reverse side:

Name (please print) _____ Social Security # _____

Email Address: _____ Home Phone: _____ Cell Phone: _____

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Signature:  _____ Date: _____

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