

ADDRESS CHANGE REQUEST

Accepted by:

Init _____ Branch _____

Name (please print): _____ Social Security #: _____

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

 PERMANENT
EFFECTIVE _____
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.

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