

# Change of Address Form

Dear Customer: Regardless of where you are moving, we want to make your move easier. When you know your new address, please complete this Change of Address Form, tell us when your move will be effective, and return this form to us. We will update our records so that your statements and other correspondence are sent to your new location after the move. Our staff will be happy to assist you in completing this form, ordering checks with your new address, or with any other questions you may have.

Account Name	Effective Date	
Old Mailing Address		
City	State	Zip Code
NEW Mailing Address	Please indicate a street address if you have a P.O. Box.	
City	State	Zip Code
Home Phone	Business Phone	SSN or TIN
Email Address	Cell Phone	

**Please indicate the accounts to be changed:**

**Please indicate loans or other services to be changed:**

- Checking, NOW, Money Market  
ACCT # \_\_\_\_\_  
ACCT # \_\_\_\_\_  
ACCT # \_\_\_\_\_
- Savings/IRA  
ACCT # \_\_\_\_\_  
ACCT # \_\_\_\_\_
- Certificate of Deposit  
ACCT # \_\_\_\_\_  
ACCT # \_\_\_\_\_
- Safe Deposit Box  
BOX # \_\_\_\_\_

- Consumer/Auto Loan  
ACCT # \_\_\_\_\_  
ACCT # \_\_\_\_\_  
ACCT # \_\_\_\_\_
- Real Estate/Commercial Loan  
ACCT # \_\_\_\_\_  
ACCT # \_\_\_\_\_
- Debit Card  
CARD # \_\_\_\_\_
- Other Services  
DESCRIBE: \_\_\_\_\_

Bill Pay Customer?     Yes     No

Authorized Signature	Date	Authorized Signature	Date
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**Forward Address Changes To: Alden State Bank, P.O. Box 238, Alden, N.Y. 14004**  
Bank Use Only

Customer Port Number(s)	Signature Verification	Employee Signature	Date Changed
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