

Athol Savings Bank
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 6 UNTIL* _____
* will return to 'old address' after this date
 SEASONAL 6 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** Yes No **Bill Pay** Yes No

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: _____

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

Signature: *✍* _____ Date: _____

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