Athol Savings Bank ADDRESS CHANGE REQUEST

accepted by:		
nit	Branch	

My address has changed and this address is (choose One): PERMANENT	Name (please print):	Social Security #	
Bette City Street	My address has changed and this address is (choose One):		
Street:	EFFECTIVE * will return to 'old address' after		
City/St/Zip:	OLD ADDRESS		
NEW ADDRES PRIMARY RESIDENTIAL BOTH Street:	Street:	P.O.Box:	
Street:	City/St/Zip:		
City/St/Zip:	NEW ADDRESS PRIMARY RESI	DENTIAL BOTH	
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: 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 Continue 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 Customer Signature Maintained By Date changed I have reviewed all profiles for any applicable alternate addresses	Street:	P.O.Box:	
Street:	City/St/Zip:	Home Phone:	
Street:	Email Address:	Cell Phone:	
City/St/Zip:	ALTERNATE ADDRESS		
Street:	Street:	P.O.Box:	
Street:	City/St/Zip:	Account(s)	
City/St/Zip: ☐ Please check appropriate request ☐ Change the address on ALL my accounts	TEMPORARY/SEASONAL ADDRESS		
☐ Change the address on ALL my accounts	Street:	P.O.Box:	
Change the address on ALL my accounts 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	City/St/Zip:		
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	☑ Please check appropriate request		
Loan Accounts: Do any of these apply: I have safe deposit box # located at: J I have an Athol Savings Bank ATM / Debit Card	☐ Change the address on ALL my accounts <u>OR</u>	☐ Change ONLY the accounts listed below:	
Do any of these apply: → I have safe deposit box # located at: → I have an Athol Savings Bank ATM / Debit Card	Deposit Accounts:		
→ 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: Customer Signature Maintained By Date changed I have reviewed all profiles for any applicable alternate addresses	Loan Accounts:		
→ Other household members are affected by this change			
→ 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: □ Customer Signature Maintained By Date changed I have reviewed all profiles for any applicable alternate addresses	→ I have an Athol Savings Bank ATM / Debit Card	Yes No	
→ I have: Bill Pay No Yes Please DO NOT send backdated account statements Please send ALL backdated account statements O I certify that the above information is correct: Customer Signature Maintained By Date changed I have reviewed all profiles for any applicable alternate addresses	→ Other household members are affected by this char	nge Yes customer must fill out reverse side No	
Please DO NOT send backdated account statements ☐ Please send ALL backdated account statements ☐ Date: ☐ Date: ☐ Date changed ☐ I have reviewed all profiles for any applicable alternate addresses ☐ Date changed			
Customer Signature Maintained By Date changed I have reviewed all profiles for any applicable alternate addresses	Please <u>DO NOT</u> send backdated account statements		
Maintained By Date changed I have reviewed all profiles for any applicable alternate addresses	⊃ I certify that the above information is correct:	Date:	
[] I have reviewed all profiles for any applicable alternate addresses	∠ Cus	stomer Signature	
[] 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		ent to branch where sate deposit box is located - 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) S	ocial Security #		
Email Address: Home Phone:	Cell Phone:		
→ I have: ☐ATM / Debit Card ☐Online banking Signature: ∠			
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	e:		
Name (please print) S	ocial 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) S	ocial 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.			
	e:		
Please Change my address to that which is indicated on the reverse side	e: Social Security #		
Please Change my address to that which is indicated on the reverse side Name (please print) S	e: Social Security # Cell Phone:		
Please Change my address to that which is indicated on the reverse side Name (please print) S Email Address: Home Phone:	e: Social Security # Cell Phone: Bill Pay		