

# ADDRESS CHANGE REQUEST FORM

FIRST FEDERAL OF VAN WERT, 679 FOX RD, PO BOX 311, VAN WERT, OH 45891

**OWNER NAME:** \_\_\_\_\_

Please drop off, mail, or fax this form to:  
(419)238-6485 fax

**OLD ADDRESS:**  
Street: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**NEW ADDRESS:**  
Street: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**TYPE OF CHANGE:** Permanent: \_\_\_\_\_ Temporary/Seasonal: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**New Home (Main) Number:** \_\_\_\_\_  
**New Cell (Mobile) Number:** \_\_\_\_\_

**Employer's Name:** \_\_\_\_\_ **Employer's Phone #:** \_\_\_\_\_

### Account Numbers

If all accounts, check here. <input type="checkbox"/>	Savings	Checking
IRA	CD	Mortgage/ Loan
Safe Deposit Box <input type="checkbox"/> Yes <input type="checkbox"/> No	ATM/Debit Card <input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE VERIFY THAT ALL INFORMATION IS CORRECT, MAKING CORRECTIONS AS NEEDED.

### SIGN & RETURN

**CUSTOMER SIGNATURE:** XX \_\_\_\_\_

*IF OTHER HOUSEHOLD MEMBERS/ACCOUNT HOLDERS ARE AFFECTED BY THIS CHANGE, PLEASE LIST THEM BELOW:*

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_

My address is unchanged. I am aware of this change.

My address is unchanged. I am aware of this change.

ACCOUNT NUMBERS: \_\_\_\_\_

ACCOUNT NUMBERS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### OFFICE USE ONLY:

TAKEN BY: \_\_\_\_\_

DATE: \_\_\_\_\_

MAINTAINED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

GIVE TO: JESSI: \_\_\_\_\_

PATTY: \_\_\_\_\_