

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:

NEW ADDRESS

Street: _____
PO Box: _____
City/State/Zip: _____
Email 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 checked="checked" type="checkbox"/> X	Savings	Checking
	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: **LOANS:** _____

LISA: _____