

**Albany Bank and Trust Company, N.A.**

**CHANGE OF ADDRESS FORM**

**Print Name** as Appears on Account

\_\_\_\_\_

**OLD ADDRESS**

\_\_\_\_\_ Street Apt.

\_\_\_\_\_ City State Zip code

**NEW ADDRESS**

\_\_\_\_\_ Street Apt.

\_\_\_\_\_ City State Zip Code

Telephone \_\_\_\_\_ Effective Date of Change \_\_\_\_\_

Social SecurityNo. \_\_\_\_\_

PLEASE INDICATE BELOW ALL ACCOUNT RELATIONSHIPS FOR WHICH YOU WANT THE ADDRESS CHANGED.

Checking..... \_\_\_\_\_

Savings ..... \_\_\_\_\_

N.O.W. Account ..... \_\_\_\_\_

Certificate of Deposit ..... \_\_\_\_\_

Certificate of Deposit ..... \_\_\_\_\_

Personal Loans ..... \_\_\_\_\_

Commercial Loans ..... \_\_\_\_\_

Mortgage Loans ..... \_\_\_\_\_

Safe Deposit ..... \_\_\_\_\_

Other ..... \_\_\_\_\_

**PLEASE SIGN**

(Do NOT Print)

\_\_\_\_\_  
*Authorized Signature on file With Bank*

MEMBER F.D.I.C.  
EQUAL HOUSING LENDER  
EQUAL OPPORTUNITY EMPLOYER