

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 Security No. _____

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