ALBANK

Effective: 04/01/2018

CHANGE OF ADDRESS FORM

DATE TODAY: _____ **EFFECTIVE DATE OF CHANGE:** _____

PRINT NAME: _____

PRESENT ADDRESS AND CONTACT INFORMATION:

Street: _____ Apt: _____

City: _____ State: _____ Zip code: _____

PHONE: _____ EMAIL: _____

NEW ADDRESS AND CONTACT INFORMATION:

Street: _____ **Apt**: _____

City: _____ **State**: _____ Zip **code**: _____

PHONE: _____ **EMAIL**: _____

ACCOUNT IMPACTED BY THE ADDRESS CHANGE:

Account / Product Description:	Number:

Additional Terms: _____

SIGNATURE: _____ TAKEN BY: _____

Member FDIC

Albany Bank & Trust Company, NA
EQUAL OPPORTUNITY EMPLOYER

EQUAL HOUSING LENDER