



## REQUEST TO CHANGE ADDRESS

*This address change only applies to the individual listed as primary on account. Each additional individual account must request their own address change. Once form has been completed mail to the address listed at the bottom of the page. Be sure to sign and date the form to ensure we have your approval to complete this change.*

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

Tax ID: \_\_\_\_\_

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

### OLD ADDRESS:

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State & Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

### NEW ADDRESS:

*Physical address (Address Line 1) REQUIRED with PO Box (Address Line 2)*

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State & Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

IS THERE A SEASONAL ADDRESS?  Yes  No

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State & Zip: \_\_\_\_\_

Effective Dates for Seasonal Address (if applicable): From: \_\_\_\_\_ To: \_\_\_\_\_

Roll Dates for next season?  Yes  No

Customers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Below this line to be completed by a Farmers State Bank Employee Only

Request completed by: \_\_\_\_\_ Date: \_\_\_\_\_

If form received by mail, a callback will be done to verify using the number on the system.

Initials of verifier: \_\_\_\_\_

