

Address Change Form

For
American Federal

Office Use Only: Initials _____		
Office _____	Date _____	Bill Pay _____
Hist _____	SDbox _____	RCIF _____
Mailing _____	Alt _____	Itech _____

Please use a separate form for each person:

Name: _____

Old Address: _____

New Physical Address: _____

New Mailing Address: _____

Is this change for all of your accounts? _____

Is this change permanent _____ or seasonal _____?

If seasonal please list effective dates. Start Date _____

Does this apply for every year? _____ End Date _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Would you like us to send you a brochure?

_____ Checking/Saving Accounts _____ Online Banking _____ Credit Cards

_____ Business Accounts _____ Identity Theft _____ IRA's (Traditional or Roth)

Do you have any comments or suggestions? _____

Signature: _____

Office Use Only:	
Sig verified _____ ID verified _____	OR Known Cust _____
Flag _____	New ATM/Debit Card – Supervisor Approval _____
Mail Change Requests: Authorization sent _____	Returned _____ Notice Sent _____
Customer Contact (if applicable) _____	